



## CANTERBURY METRO RUGBY – MATCH REPORT

Form to be filled out by team management, signed by both teams and referee and sent ***immediately*** following match to: Fax **03 974 2652**, Scan and email: [results@crfu.co.nz](mailto:results@crfu.co.nz)

*Please print Initials and Surname clearly, no nicknames.  
Please indicate Captain (C ), Front Row Players (F/R), Dispensations (D)*

Date:		Grade:		Ground:			
Team:			v.	Team:			
Number	Christian Name	Surname	Tries	Conv	Pen Goal	Drop Goal	Report S= Sin Bin O=ordered off
	James	Smith (c) (F/R)	1			1	O
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							

### SCORES

Name of Team	Tries	Conv	P Goals	D Goals	Total Score

<b>Team Manager:</b> <small>(Printed Name)</small>	<b>Signed:</b>
<b>Referee:</b> <small>(Printed Name)</small>	<b>Signed</b>
<b>Remarks (Ground Conditions)</b>	

**FAILURE TO RETURN THIS FORM BY 12 NOON ON THE MONDAY FOLLOWING THE MATCH WILL RESULT IN LOSS OF COMPETITION POINTS.**