

MINNESOTA RUGBY UNION MATCH REPORT CARD

Referee _____ Date _____ Total Miles (rt) _____

Location _____ Gender (circle one): Male Female

Home Team _____ Visiting Team _____

Field Conditions Goal Post Pads: Yes No Restraining Ropes: Yes No Markings Acceptable: Yes No Regulation Size: Yes No

Jersey Conditions - Home Club - Numbered: Yes No Jersey Condition: Good Fair Poor

Jersey Conditions - Visiting Club - Numbered: Yes No Jersey Condition: Good Fair Poor

Score	1 st half	2 nd half	Total	Tries
Home				
Visitor				

A Side # of Minutes: _____
B Side # of Minutes: _____

Disciplinary Action (additional information on back if necessary)

Club	Name	CIPP #	Offense	<u>Severity Rating</u> (1 low-10 high)	Yellow/Red

Signature below verifies that those playing in the match at any time have individual health insurance and are CIPP registered.

Home Team _____ Visiting Team _____

Name (print): _____ Name (print): _____

Signature: _____ Signature: _____

(Please attach your player CIPP registered club roster from the USA Rugby: www.usarugby.org or NCRO: www.ncrugby.org)

Match report can be mailed to Kevin Terpstra, 16900 66th Ave N, Maple Grove, MN 55311 or Fax to 763-416-0823