

RED CARD REPORT LEVELS 5 AND BELOW



To be completed and returned to **CB Discipline Secretary and Referee Society Discipline Officer**
AS SOON AS POSSIBLE AND BY NO LATER THAN 9AM ON THE SECOND DAY FOLLOWING THE MATCH

Please ensure **ALL** fields are completed

Please e-mail as an attachment

Contact details for the CB Discipline Secretaries are available here

Player's Name:	
Player's Club:	
Player's No:	

League/Competition:		Date:	
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Home Team	Final Score	Away Team

Law 9 Offence Number:		Type of Offence: (Strike, Kick, High tackle...)			
Period Incident Occurred:		Elapsed Time in Half:			
Proximity of Official to Incident:		Score at Time:			
Did Match Official have a Clear View:	Yes	No	Was Match Recorded?	Yes	No

Officials	Name	Email Address	Telephone	Society
Referee				
A/R 1				
A/R 2				

Additional Factors Weather conditions and state of the pitch. General pattern of play/temper of game. Any other cards issued? Was there any injury/medical attention? Any other related information.

Detailed report of the incident

Name:			
Signature:		Date:	

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