

SUSSEX RFU
SUSSEX SPITFIRE CLUB KNOCKOUT CUP COMPETITION

MATCH RESULT CARD

COMPETITION: PLATE / SHIELD / TROPHY (Delete as appropriate)

HOME TEAM: _____ AWAY TEAM: _____

DATE: _____ ROUND: _____ SCORE:

HOME	AWAY
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TEAM LIST: _____ CLUB: _____

	NAME : (SURNAME / Christian Name)	Indicate Front Row Replacement	Indicate Red/Yellow Card (Y/ R)
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2			
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22			

REFEREE'S SIGNATURE: _____	PRINT NAME: _____
HOME TEAM OFFICIAL'S SIGNATURE: _____	PRINT NAME: _____
AWAY TEAM OFFICIAL'S SIGNATURE: _____	PRINT NAME: _____

This Match Card is designed to be used for all Matches played in the Sussex Spitfire Club Knockout Competition. A blank copy should be printed out by each participating team prior to the Match and filled in with the details of the Match and the team selected. The card should be handed to the Referee at least half an hour before the start of the Match. After the Match the Referee should fill in the score and sign the Card along with an Official from each Club. The completed Match Card for each team should be **POSTED TO: K. Nichols 189, St. Helens Road, Hastings, East Sussex TN34 2EA** to arrive no later than first post on the Wednesday following the Match.