

Robert Markel Cup Match Day Roster/Score Form

Your Team	Opponent	Location	Date	Time

#	PLAYER NAME	SIN/SO	CIPP #	Eligible Spectator Name & Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26 (45+)				
27 (45+)				
Team Captain: please sign under last listed player			Opposition Captain: please sign under last listed spectator	

Captains' Acknowledgment: As captain, I hereby affirm that this represents the complete record of players in the match described above, that are all compliant with USA rugby eligibility rules and are members in good standing with USA Rugby (CIPP). It is your responsibility to verify the accuracy on this form.

TO BE COMPLETED BY REFEREE:				
Score	<i>Home</i>	<i>Away</i>		
	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>		
Tries	<i>Home</i>	<i>Away</i>		
	<input style="width: 80%; height: 20px;" type="text"/>	<input style="width: 80%; height: 20px;" type="text"/>		
Game Forfeitt? (Circle)	Yes	No	By	Home Away

NOTES:

Referee:	Signature:	Date:
----------	------------	-------