

Robert Markel Cup Match Day Roster/ Score Form

Your Team	Opponent	Location	Date	Time

#	PLAYER NAME	SIN/SO	CIPP #	Eligible Spectator NAME	CIPP #	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, sign under last listed player				Opposition Captain, sign IMMEDIATELY & DIRECTLY 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 (registered). It is your responsibility to verify the accuracy on this form.

TO BE COMPLETED BY REFEREE:

<p>Score <i>Home</i> <i>Away</i></p> <p style="margin-left: 20px;"> <input style="width: 100px; height: 20px;" type="text"/> <input style="width: 100px; height: 20px;" type="text"/> </p> <p>Tries <i>Home</i> <i>Away</i></p> <p style="margin-left: 20px;"> <input style="width: 100px; height: 20px;" type="text"/> <input style="width: 100px; height: 20px;" type="text"/> </p> <p>Game Forfeit? <i>(Circle)</i> Yes No By Home Away</p>	<p style="text-align: center;">Field Properly Marked</p> <p style="text-align: center;">Goal Post Padding</p> <p style="text-align: center;">Restraining Barrier</p>	Yes	No
		<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

NOTES:

Referee: _____ Signature: _____ Date: _____