



SOUTH AFRICAN RUGBY LEAGUE

1. TEAM SHEET:

MATCH DATE:

VENUE:

TEAM 1 (HOST)

TEAM 2 (VISITOR)

VS

Nr	First Name & Surname	SARL Reg. Nu.	Nr	First Name & Surname	SARL Reg. Nu.
1			1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
11			11		
12			12		
13			13		

INTERCHANGES

INTERCHANGES

14			14		
15			15		
16			16		
17			17		
18			18		
19			19		
20			20		

MANAGEMENT TEAM 1 (Host)

MANAGEMENT TEAM 2 (Visitor)

Team Manager	<input type="text"/>	Team Manager	<input type="text"/>
Coach	<input type="text"/>	Coach	<input type="text"/>
Trainer	<input type="text"/>	Trainer	<input type="text"/>
Physiotherapist	<input type="text"/>	Physiotherapist	<input type="text"/>
Doctor*	<input type="text"/>	Doctor*	<input type="text"/>

Note:

Only Team Sheet with Player Name & SARL Member Number will be eligible for play.

E-Mail Team Sheet before 12h00 -Friday of the playing weekend to

• SARL COO (Andre Coetzer)

- coo@sarugbyleague.co.za

: Quality Check on Registration



SOUTH AFRICAN RUGBY LEAGUE

-MATCH REPORT-

MATCH DATE:

VENUE:

2. MATCH RESULT

TEAM 1 (HOST)

TEAM 2 (VISITOR)

Tries	Goal Kick	Penalties	Drop Kicks	TOTAL

Tries	Goal Kick	Penalties	Drop Kicks	TOTAL

3. SEND-OFF REPORT

Nr	NAME (Host)	Reg Nr	Red/ Yellow

Nr	NAME (Visitor)	Reg Nr	Red/ Yellow

4. MAN-OF-THE-MATCH

TEAM 1 (Host)

Name

TEAM 2 (Visitor)

Name

"Man-o-Match" of a team must be identified by opposition Team Management

5. SIGN-OFFS

Signature
Referee

Name of Referee

Signature
Team Manager – Host

Name of Host Manager

Signature
Team Manager – Visitor

Name of Visitor Manager

(First Aid) Medical Company

Medical Representative Name

Signature

Notes:

E-Mail completed Match Report (scanned copy -pdf-format) before 12h00 -Monday to

• SARL COO (Andre Coetzer)

- coo@sarugbyleague.co.za

: Registration & Payments