**TO BE COMPLETED AND RETURNED TO YOUR SOCIETY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Player’s name | Click here to enter text. | Position | Enter text.  | Number | Enter text. |
| Club | Click here to enter text. | Team | Enter text. |
| Date of dismissal | Click here to enter text. | Type of match | Enter text. |
| Was a video made? | Click here to enter text. | Competition title | Click here to enter text. |

Match result:

|  |  |  |  |
| --- | --- | --- | --- |
| Home team | Click here to enter home team. | Score | Click here to enter score. |
| Away team | Click here to enter away team. | Score | Click here to enter score. |

Nature of offence (including World Rugby 10.4 law - e.g. 10.4(m) – 2 Yellow Cards):

|  |
| --- |
| Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Officials | Name | Email Address | Telephone |
| Referee | Click here to enter text. | Click here to enter email address. | Click here to enter text. |
| A/R 1 | Click here to enter text. | Click here to enter email address. | Click here to enter text. |
| A/R 2 | Click here to enter text. | Click here to enter email address. | Click here to enter text. |
| TMO | Click here to enter text. | Click here to enter email address. | Click here to enter text. |

Weather conditions and state of the pitch:

|  |
| --- |
| Click here to enter text. |

General pattern of play/temper of game and any other red or yellow cards:

|  |
| --- |
| Click here to enter text. |

Proximity of Referee/Asst. Referee to incident:

|  |
| --- |
| Click here to enter text. |

|  |
| --- |
| Enter text. |

Did you have a clear view?

If you did not have a clear view, the incident was referred by an A/R, or subject to a TMO review, please give details below:

|  |
| --- |
| Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Time of Incident | Click here to enter text. | Half | Enter text. |
| Score at Time of Incident | Home | Click here to enter text. | Away | Click here to enter text. |

Details of any injuries sustained to person(s) involved in the incident (**IF NONE OR UNSURE PLEASE STATE**):

|  |
| --- |
| Click here to enter text. |

Detailed report of incident:

|  |
| --- |
| Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Referee (**IN ALL CASES**) | Click here to enter Referee signature. | Date | Enter text. |
| Signature of Asst. Referee (**ONLY WHERE APPLICABLE**) | Click here to enter A/R signature. | Date | Enter text. |