



# Cheshire Junior Knockout Competitions



## MATCH RESULT FORM

**PLEASE COMPLETE ALL SECTIONS**

Team details to be completed by both Team Managers / Coaches, and countersigned by the referee after the game. **By signing this form both coaches are confirming that the information contained is correct to the best of their knowledge and that players RFU Registration Cards are available and have been checked before the start of the match if requested.**

<b>Home Team</b>		Tries :			<b>Away Team</b>		Tries :		
		Conv's :					Conv's :		
<b>Age Group</b>		D G's :			<b>Age Group</b>		D G's :		
<b>Competition and Stage</b>		Pen's :			<b>Competition and stage</b>		Pen's :		
<i>Date Match Played :</i>		<b>MATCH TOTAL :</b>					<b>MATCH TOTAL :</b>		
<b>No</b>	<b>Name (Surname First)</b>	<b>Reg' No</b>	<b>Date of Birth</b>	<b>Played half game? (Y/N)</b>	<b>No</b>	<b>Name (Surname First)</b>	<b>Reg' No</b>	<b>Date of Birth</b>	<b>Played half game? (Y/N)</b>
15					15				
14					14				
13					13				
12					12				
11					11				
10					10				
9					9				
1					1				
2					2				
3					3				
4					4				
5					5				
6					6				
7					7				
8					8				

**HOME BENCH**

**AWAY BENCH**

16					16				
17					17				
18					18				
19					19				
20					20				
21					21				
22					22				

Home Manager / Coach's Name					Signature :				
Away Manager / Coach's Name :					Signature :				

**Guidance for Referees** - After the game please enter the scores, and record any yellow/red cards issued against the player's name, Sign & return this form to the Winning Team Manager / Coach for submission to the Cheshire Junior Competitions Organiser.

Referee's Name	Society	Tel No :	Signature :
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**WINNING TEAM** TO EMAIL RESULT WITHIN 48 HOURS OF MATCH TO: [cheshirerugby.mj.sec@gmail.com](mailto:cheshirerugby.mj.sec@gmail.com)

AND EMAIL A SCAN OR PHOTO OF THE FORM WITHIN 7 DAYS OF MATCH.