



2009 MATCH RESULT SHEET FOR



Each club is to complete this form and return it to the ACTRU, Austin Street, Griffith (fax 02 6260 8591) no later than 10.00am on the Monday following the match.

Home Club: _____ Date: _____ Round: _____ Grade: _____

Visiting Club: _____ Venue: _____ Division: _____

In accordance with Rules of Competition, Front row players must be identified by a * (asterisk)

No.	NAME (Please print)	Tries	Goals	P/Gs	F/Gs	Total Pts	Sin Bin Tick relevant box	Send Off	Offence See below
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
Tot									
Opp									

TO BE COMPLETED BY REFEREE

GAME PRESENTATION	Satisfactory	Unsatisfactory
Field Markings		
Goal post pads		
Touch Line Flags		
Corner Posts		
Public Address Facility		
Three match balls		
Accred Touch Judges		
Scoreboard (including legible numbers)		
First Aid facilities & Attendants		
Spectator barriers (Ropes) & Control		
Reps in the playing enclosure		

Match Won by: _____

Score: _____

Club to provide reason(s) for requesting **non-contested scrum**:

Reason for sin bin or send off

1. Repeated Infringements	2. Deliberate Infringements
3. Trampling	4. Charging Kicker
5. Late/Dangerous tackle	6. Striking/Punching
7. Prejudicial Conduct	8. Other (Specify)

Print Referees name: _____ Signature: _____

Print Opposition Managers Name: _____ Signature: _____