SOUTH AFRICAN RUGBY UNION - TEAM SHEET



(This team sheet must be completed by the Team Manager and handed to the Officiating Referee at least 1 hour (sixty minutes) before the start (kick-off time) of the match concerned – Coach 1 (Head coach) and Coach 2 (Assistant Coach) are for the same team; both teams have to submit team sheets!)

COMP	ETITION/AGE GRADE:									
TEAM: TEAM COACH 1 (name): BokSmart (BS) No. COACH 1:			OPPOSING TEAM: TEAM COACH 2 (name):							
		BS-	BS- BokSmart (BS) No. COACH 2: BS-							
MATCH REFEREE (name):			BokSmart (BS) No. Referee: BS-							
Assistant Referee 1 (where appl.):		BS-	BS- Assistant Referee			e 2 (where appl.):				
VENU	E:							_		
DAY: TEAM LIST			TIME:			DATE:				
		Initials & Surname	Name	Player Reg #	Suspected/Confirmed Concussion? Only note if YES		DOB DOB = D	Date of	of Birth	
15	Full back						1	/	()
14	Right wing						1	/	()
13	Right centre						1	/	()
12	Left centre						1	/	()
11	Left wing						1	/	()
10	Fly half						1	/	()
9	Scrum half						1	/	()
8	Number eight						1	/	()
7	Right flanker						1	/	()
6	Left flanker						1	/	()
5	Right lock						1	/	()
4	Left lock						1	1	()
3	Tight head prop						1	/	()
2	Hooker						1	/	()
1	Loose head prop						1	/	()
REPL/ players		o provide positions, bear in mind	l that there has to b	oe two (2) props and	d one (1) h	ooker on the ben	ch for squa	ads of	f 23	
16	Hooker						1	/	()
17	Prop						1	/	()
18	Prop						1	/)
19							/	/)
20							/	/	()
21							/	/	()
22							/	/)
23							1	/	()
I hereb	y certify that the ab	ove information is correct				"				
	Manager:		_		_					
		Please Print		Mobile Nur	mber:			_		
Physiotherapist:					HPCSA Number: MD-					
		Please Print	e Print							
		Please Print	HPCSA Number: PT-							
		Signed by T	eam Manager:							