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: | | OPPOSING TEAM: | | | | | | |
| TEAM | COACH 1 (name): | | TEAM COA | CH 2 (name): | | | | |
| BokSmart (BS) No. COACH 1: MATCH REFEREE (name): Assistant Referee 1 (where appl.): | | BS- BokSmart (BS) No. COACH 2: BS- BokSmart (BS) No. Referee: BS- BS- Assistant Referee 2 (where appl.): BS- | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| VENU | E: | | | | | | | |
| DAY: | | TIME: | | DATE: | | | | |
| TEAM LIST | | Initials & Surname | Name | Player Reg # | Suspected/Confirmed Concussion? Only note if YES | DOB (& DOB = Date DD / MM/ YY | e of Birt | |
| 15 | Full back | | | | | / / | (|) |
| 14 | Right wing | | | | | / / | (|) |
| 13 | Right centre | | | | | / / | (|) |
| 12 | Left centre | | | | | / / | ′ (|) |
| 11 | Left wing | | | | | / / | (|) |
| 10 | Fly half | | | | | / / | , |) |
| 9 | Scrum half | | | | | / / | (|) |
| 8 | Number eight | | | | | / / | (|) |
| 7 | Right flanker | | | | | / / | (|) |
| 6 | Left flanker | | | | | / / | (|) |
| 5 | Right lock | | | | | / / | (|) |
| 4 | Left lock | | | | | / / | (|) |
| 3 | Tight head prop | | | | | / / | (|) |
| 2 | Hooker | | | | | / / | (|) |
| 1 | Loose head prop | | | | | / / | |) |
| REPLA players | | provide positions, bear in mind | I that there has to b | e two (2) props and | l one (1) hooker on the be | nch for squads | of 23 | |
| 16 | Hooker | | | | | / / | (| () |
| 17 | Prop | | | | | / / | (| () |
| 18 | Prop | | | | | / / | (| () |
| 19 | | | | | | / / | (| () |
| 20 | | | | | | / / | (| () |
| 21 | | | | | | / / | (| () |
| 22 | | | | | | / / | (| () |
| 23 | | | | | | / / | ′ (| () |
| l hereb | v certify that the abo | ve information is correc | :t: | | | | | |
| | Manager: | | _ | Mobile Nui | mber: | | | |
| Medical Doctor: | | | HPCSA Nu | HPCSA Number: MD- | | | | |
| Physiotherapist: Please Print Please Print | | | HPCSA Nu | mber: PT- | | | | |
| Data: | | Signed by T | eam Manager: | | | | | |