

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!)

COMPETITION/AGE GRADE: _____

TEAM: _____ OPPOSING TEAM: _____

TEAM COACH 1 (name): _____ TEAM COACH 2 (name): _____

BokSmart (BS) No. COACH 1: BS- BokSmart (BS) No. COACH 2: BS-

MATCH REFEREE (name): _____ BokSmart (BS) No. Referee: BS-

Assistant Referee 1 (where appl.): BS- Assistant Referee 2 (where appl.): BS-

VENUE: _____

DAY: _____ TIME: _____ DATE: _____

TEAM LIST

	Initials & Surname	Name	Player Reg #	Suspected/Confirmed Concussion? Only note if YES	DOB (& Age) DOB = Date of Birth DD / MM / YYYY (YRS)
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				/ / ()

REPLACEMENTS (Manager to provide positions; bear in mind that there has to be at least one (1) prop and one (1) hooker on the bench, but for U19 teams and younger an **additional** prop on the bench is compulsory for squads of 22 players)

16	Hooker				/ / ()
17	Prop				/ / ()
18					/ / ()
19					/ / ()
20					/ / ()
21					/ / ()
22					/ / ()

I hereby certify that the above information is correct:

Team Manager: _____ Mobile Number: _____
Please Print

Medical Doctor: _____ HPCSA Number: MD- _____
Please Print

Physiotherapist: _____ HPCSA Number: PT- _____
Please Print

Date: _____ Signed by Team Manager: _____