



Yellow and Red Card Levels 1-4

To be completed and returned to CARDS@RFU.COM
BY 0900 MONDAY MORNING FOR WEEKEND GAMES
AND WITHIN 24 HOURS FOR MIDWEEK GAMES

Please ensure **ALL** fields are completed
Please e-mail as an attachment

Player's Name:	
Player's Club:	
Player's No:	
Red/Yellow:	

Home Team	Final Score	Away Team

Law 9 Offence:					
League/Competition:				Date:	
Period Incident Occurred: (1st Half/2nd Half/ET)					
Elapsed Time in Half:			Proximity of Official to Incident:		
Clear View:	Yes	No	Video:	Yes	No
Score at Time:					

Officials	Name	Email Address	Telephone
Referee			
A/R 1			
A/R 2			

ADDITIONAL FACTORS

Weather conditions and state of the pitch. General pattern of play/temper of game.
Any other cards issued? Was there any injury/medical attention? Any other related information.

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DETAILED REPORT OF INCIDENT

Name:

Signature:

Neil Sweeney

Date: