

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: _____

Please Print

Mobile Number: _____

Medical Doctor: _____

Please Print

HPCSA Number: _____

MD-

Physiotherapist: _____

Please Print

HPCSA Number: _____

PT-

Date: _____

Signed by Team Manager: _____