**RED CARD REPORT – AGE GRADE LEVEL **

***(Note: this form is only to be used in the event you are unable locate your game on the Referee app)***

**To be completed and returned to the Disciplinary Department**

**WITHIN 48 HOURS OF THE COMPLETION OF THE MATCH**

**Please ensure ALL ﬁelds are completed**

|  |  |
| --- | --- |
| **Player’s Name:** |  |
| **Player’s Club / School:** |  |
| **Player’s Shirt Number:** |  |
| **Venue:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **League/Competition:** |  | **Date:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Home** | **PTS** | **PTS** | **Away** |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Officials** | **Name** | **Years Refereeing** |
| **Referee** |  |  |
| **AR 1** |  |  |
| **AR2** |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Law Number:** | 9. | **Type of Offence:** |  |

|  |  |
| --- | --- |
| **Weather Conditions:** |  |
| **Ground Conditions:** |  |
| **Time Offence:** |  |
| **Distance from Offence:** |  |
| **Medical Attention Required:** |  |
| **Assessor’s name:****(If present)** |  |
| **Detailed report of incident(s), actions, and behaviours:** |
|  |
| Referee name: |  | Date: |
| Referee signature: |  |  |

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| --- |
| **To be completed by the referee and should be sent to: Rugby Disciplinary Department. Email** **disciplinarydept@wru.wales** |