Western Rugby Union
Match Result Reporting Form

Fax completed form to 719-477-9157

Referee Submitting Report: _____

Phone Number: (B) _____ (H)_____ Email:_____

Match Date:_____ Match Venue:_____

Home Club: :_____ Visiting Club: _____

Scheduled Kick Off Time: _____ Actual Kick Off Time: _____

Result: _____ Half Time Score: _____

Number of Tries for Home Club :_____ Number of Tries for Visiting Club: _____

Names of the Touch Judges: _____ / _____

Any Discipline Issues to Report? _____ If yes, please describe in the space below.

Field marked properly? If no, describe shortcomings _____

Proper field flags installed? If no, please describe shortcomings _____

Proper goal post pads installed? If no, please describe shortcomings _____

Proper five-meter barrier installed? If no, please describe shortcomings _____

Issues to Report:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

C= Form Match Report Referee