

# RED CARD REPORT LEVELS 5 AND BELOW



To be completed and returned to **CB Discipline Secretary and Referee Society Discipline Officer**  
**WITHIN 48 HOURS OF THE COMPLETION OF THE MATCH**

Please ensure **ALL** fields are completed

Please e-mail as an attachment

Player's Name:	
Player's Club:	
Player's No:	

League/Competition:		Date:	
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Home Team	Final Score	Away Team

Law 9 Offence Number:		Type of Offence: (Strike, Kick, High tackle...)		
Period Incident Occurred:		Elapsed Time in Half:		
Proximity of Official to Incident:		Score at Time:		
Did Match Official have a Clear View:	Yes	No	Was Match Recorded? Yes	No

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

<p><b>Additional Factors</b>            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.</p>

## Detailed report of the incident

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<b>Name:</b>			
<b>Signature:</b>		<b>Date:</b>	

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