RED CARD REPORT AGE GRADE



The Referee should complete and return this form to the **CB Age Grade Discipline Secretary** (contact details are available from your CSU or Referee Society).

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/PDG/Regional Academy: (if known)					
Player's School/College: (if known)					
Player's No:					

League/Competition:	Date:	
Level:		

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				

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.



Detailed report of the incident

Name:	Appointed By:	
Signature:	Date:	

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