Match Date & Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Match Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Select: Home/Away Team

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Name** | **CIPP #** | **Front Row Capable** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |
| 8. |  |  |  |
| 9. |  |  |  |
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| 17. |  |  |  |
| 18. |  |  |  |
| 19. |  |  |  |
| 20. |  |  |  |
| 21. |  |  |  |
| 22. |  |  |  |
| 23. |  |  |  |

CAPTAIN'S ACKNOWLEDGMENT: I hereby confirm that this roster represents a complete record of all my players involved in this game. All players listed are: (a) Currently enrolled as full time students, (b) compliant with all USA Rugby collegiate eligibility rules and, (c) currently CIPP registered with USA Rugby.

Home Captain's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

OPPOSING CAPTAIN'S ACKNOWLEDGMENT: I have had the opportunity to inspect my opponent’s Collegiate Eligibility Form, USA Rugby CIPP Registration and Game Roster, comparing the players listed to their photo ID.

Visiting Captain's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TO BE COMPLETED BY THE REFEREE:**

Game Played Under Protest? [ ] Yes [ ] No

Field Properly Marked? [ ] Yes [ ] No

Restraining Barriers? [ ] Yes [ ] No

Goal Post Padding? [ ] Yes [ ] No

Proper Kit – Home Team? [ ] Yes [ ] No

Proper Kit – Away Team? [ ] Yes [ ] No

Score Home \_\_\_\_\_\_\_\_\_\_ Away \_\_\_\_\_\_\_\_\_\_

# Tries Home \_\_\_\_\_\_\_\_\_\_ Away \_\_\_\_\_\_\_\_\_\_

Referee’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referee’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_