WRU COLLEGES
COMPETITION MATCH SCORESHEET

Host College: _____ Visiting College: _____

Day, Date and Kick-Off Time: _____

Venue: _____

Please complete in **BLOCK CAPITALS**, stating first name followed by surname of all players and substitutes

		v.		
	Number of tries scored		Number of tries scored	
Attendance:				
Selected players				
		1		
		2		
		3		
		4		
		5		
		6		
		7		
		8		
		9		
		10		
		11		
		12		
		13		
		14		
		15		
Substitutes				
		16		
		17		
		18		
		19		
		20		
		21		
		22		
		23		

Scoring sequence			
Min	**Player**	**Score**	**Type of score (try, con, pen)**

Kicking record (pens/cons): complete ✓ incomplete ×										
Kicker	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**

Substitutions				
Min	**Region**	**Player off**	**Player on**	**Reason**

Discipline: yellow and red cards (please include timings)				
Min	**Union**	**Card colour**	**Player name**	**Reason**

Match officials		
Referee		
Touch Judge/Assistant Ref		
Touch Judge/Assistant Ref		Referee's signature

Please complete this form and e mail it to: ataylor@wru.co.uk

Team Manager signature: _____ (Host College) _____ (Visit College)