**B.A.R.L.A. YOUTH TEAM SHEET**

West Yorkshire House, 4 New North Parade, Huddersfield, HD1 5JP

**Telephone: (01484) 510682 Secretary e-mail:** [**secretary@barla.org.uk**](mailto:secretary@barla.org.uk)

**To be completed by the Club Secretary for both teams**

**To be completed by the Referee**

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| Age: | | |  | | | | | | **NATIONAL CUP** | | | | | | | | | | | | | | | **Date:** | | | |  | | | |
| **Kick Off:** | | |  | | | | | | **Venue:** | | | |  | | | | | | | | | | | | | | | | | | |
| **Home:** | | |  | | | | | | | | | | | **Shirt No.** | | | **Away:** | | | |  | | | | | | | | | | |
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|  | | | | | | | | | | | | | | **17** | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | **Coach** | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | **ID No.** | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | **First Aid** | | |  | | | | | | | | | | | | | | |
| **I.D Cards Shown** | | | | | | | **YES / NO** | | | | | | |  | | | **I.D Cards Shown** | | | | | | | | | | **YES / NO** | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Match Official to send in separate reports for Sending Off/Brawl to BARLA Secretary BARLA, 4 New North Parade, Huddersfield, HD1 5JP. e-mail: secretary@barla.org.uk | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **HOME** | | **Tries** | | | | **Goals** | | | | **D. Goals** | **SCORE** | | | | | **AWAY** | | **Tries** | | | | | **Goals** | | | | | | **D. Goals** | | **SCORE** |
| **Sin Bin/ Dismissal** | | | | **Player**  **Number** | | | | **Nature of Offence** | | | | | | | | **Sin Bin/ Dismissal** | | | | **Player**  **Number** | | | | | **Nature of Offence** | | | | | | |
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| **Serious injuries sustained during play** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Team | H/A | | | | Player | |  | | | | | Injury | | |  | | | | | | | | | | | | | | | | |
| Team | H/A | | | | Player | |  | | | | | Injury | | |  | | | | | | | | | | | | | | | | |
| Team | H/A | | | | Player | |  | | | | | Injury | | |  | | | | | | | | | | | | | | | | |
| Was the pitch roped off? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes/No | |
| Did the Referee Liaison Officer make himself known to you prior to kick-off? | | | | | | | | | | | | | | | | | | | Home | | | Yes/No | | | | Away | | | | Yes/No | |
| Did the person responsible for first aid make himself known to you prior to kick-off? | | | | | | | | | | | | | | | | | | | Home | | | Yes/No | | | | Away | | | | Yes/No | |

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| **HOME TEAM** | | **AWAY TEAM** | | **REFEREE** | |
| **Secretary** |  | **Secretary** |  | Name |  |
| **Signature** |  | **Signature** |  | **Signature** |  |

**PLEASE TEXT RESULTS to David O'Dowd *07984 309268* immediately following the game**

The Team Sheet must be completed with **clear names of players** and signed by all parties.

The **HOME** club are responsible in forwarding the team sheet by email to [barlanationalcups@gmail.com](mailto:barlanationalcups@gmail.com)

within **72 hours** of the game having been concluded