

**Club Rugby Team Sheet 2016**

Match Date: \_\_\_\_\_ Senior Grade: \_\_\_\_\_  
 Opposition: \_\_\_\_\_ Opposition Score: \_\_\_\_\_  
 Your Club: \_\_\_\_\_ Your Team Score: \_\_\_\_\_

	First Name	Last Name	Try	Con	Pen	Drop	Total
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							
19.							
20.							
21.							
22.							
Coach							
Coach							
Manager							
		<b>Total</b>					

Referee: \_\_\_\_\_ (sign here) Match Day Manager: \_\_\_\_\_

Manager: \_\_\_\_\_ as a true and correct record \_\_\_\_\_  
 (print name) (signature)

**PLEASE FAX OR E-MAIL TO TRU OFFICE BY 10.00 AM TUESDAY FOLLOWING THE MATCH or 24 Hours following mid-week matches**

**fax: (03) 548-8282 or txt/ring 0273 404505 or scan/email: jo.maclean@tasmanrugby.co.nz**

PLAYER OF THE DAY: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_