



## Club Rugby Team Sheet 2017

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							
		Total					

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

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

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

**Text 0273 404505 fax(03) 548-8282 or scan/email: [jo@tasmanrugby.co.nz](mailto:jo@tasmanrugby.co.nz)**

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

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

\_\_\_\_\_