



SENIOR KNOCKOUT CUP COMPETITION

Competition **TROPHY / BOB ROGERS / SHIELD / PLATE** (delete as appropriate)

Home Team: _____ Away Team: _____

Date: _____ Round: _____ Score: _____

Home

Away

	NAME (Surname/first name)	Indicate front row replacement	Indicate card Red (R) Yellow (Y)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			

	Official's Signatures	Print Name
Referee		
Home Team		
Away Team		

This Match Card is designed to be used for all Matches played in the Sussex Senior Knockout Competition. A blank copy should be printed out by each participating team prior to the Match and filled in with the details of the Match and the team selected. The card should be handed to the Referee at least half an hour before the start of the Match. After the Match the Referee should fill in the score and sign the Card along with an Official from each Club. The completed Match Card for each team should be **POSTED TO: 189 St Helens Road, Hastings, east Sussex, TN34 2EA** to arrive no later than first post on the Wednesday following the Match. Alternatively it may be **FAXED TO: 01273 566011** no later than the Wednesday following the Match. *Version 1.1 Oct10*