

**SUSSEX RFU**  
**JUNIOR KNOCKOUT CUP COMPETITION**

COMPETITION: **SALVER / VASE / BOWL** (Delete as appropriate)

HOME TEAM: \_\_\_\_\_ AWAY TEAM: \_\_\_\_\_

DATE: \_\_\_\_\_ ROUND: \_\_\_\_\_ SCORE: 

HOME	AWAY
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TEAM LIST: \_\_\_\_\_ CLUB: \_\_\_\_\_

	NAME : (SURNAME / Christian Name)	Indicate Front Row Replacement	Indicate Red/Yellow Card (Y/ R)
1			
2			
3			
4			
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22			

REFEREE'S SIGNATURE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

HOME TEAM OFFICIAL'S SIGNATURE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

AWAY TEAM OFFICIAL'S SIGNATURE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

**MATCH RESULT CARD**

This Match Card is designed to be used for all Matches played in the Sussex Junior 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: 6, Wayside, Westdene, Brighton, East Sussex BN1 5HL** 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.