



REFEREE SEND OFF REPORT

Match: _____ VS _____ Division: _____
Venue _____ Date: _____ Referee Name: _____

Time: 1st Half 2nd Half

Time Elapsed:

5 10 15 20 25 30 35 40

Score at time of Incident: _____ Final Score _____

The incident occurred at:

Scrum Line-out Tackle
 Ruck Maul General Play

Position of the incident on the field:

The Incident was:

Minor Severe
 Dangerous Violent

Referee's position relative to the incident

Did you observe anything that may have provoked the Incident? Yes No

Referee's view of the incident:

If yes explain

Position of the ball in relation to incident:

Players Reaction to the Sending

Were Other players sin-binner or sent off in relation to the incident? Yes No

Off? _____

Did any incidents occur after the sending off?

Cautions:

Had a previous caution been issued? Yes No

If Yes, Explain

If so was it: Individual Team

Had the player sent off been warned? Yes No

Had the player sent off been sin-binner? Yes No

Details of injuries relating to this incident?

Players Name _____

Team _____

Position _____

Number _____

Did any opposition players need medical treatment?

Yes No

Use the back of this sheet to fully explain the incident and include Laws under which recommendations were made.

Was the sending off based on a report from an Assistant Ref

Yes No

If yes, Name of Assistant Referee _____

This Report must be completed and submitted to the Designated Union or Disciplinary Official within 24 hours. In some instances it will be essential to submit immediately after a match. A copy should be sent to the Rugby Alberta Office, 11759 Groat Road, Edmonton, T5M 3K6 or fax to 780-422-5558, or email to rugbyab@telus.net.