***REFEREE/ASSISTANT REFEREE/TMO REPORT ON TEMPORARY SUSPENSION OR SEND OFF***

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **PLEASE INDICATE WHETHER THIS WAS A:** | Temporary |  |  | **OR** |  |  |  |  |  |  |  |  |  |  |  |
|  | ***(Please circle)*** |  |  |  |  |  |  |  |  |  |  |  |  |  | SEND OFF |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  | Suspension |  |  |  |  |  |  |  |  |  |  |  |
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|  |  **Competition:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Home Team** |  |  |  |  |  |  |  |  |  |  |  |  |  | **Visiting Team** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Player’s Full Name:** |  |  |  |  |  |  |  |  |  |  |  |  | **Team:** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Playing Position:** |  |  |  |  |  |  |  |  |  |  |  |  | **Playing Number:** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Venue:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Date of Match:** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  | **Law 9 Infringements: *Circle the appropriate Law 9 paragraph*** |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **1** | **2** | **3** | **4** | **5** | **6** | **(7.a)** | **(7.b)** | **(7.c)** | **8** | ***9*** |  | ***10*** | ***11*** | ***12*** |  |  |
|  | ***13*** |  | ***14*** | ***15*** | ***16*** |  | ***17*** | ***18*** | ***(19.a)*** |  | ***(19.b)*** | ***(19.c)*** | ***(19.d)*** |  |
|  | ***(20.a) (20.b) (20.c) 21 22*** |  | ***23*** | ***24*** | ***25 26*** | ***27*** |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Period of Game when incident occurred:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | 1st Half |  |  |  | 2nd Half |  |  |  |  |  |  |  |  |  |
|  | ***(Please circle)*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Elapsed Time in Match:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **Were any cautions issued to:** |  | **(a) Individual YES** |  |  | **NO** |  | **(b) General** |  | **YES** | **NO** |  |  |
|  | ***(Please circle)*** |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**THE INCIDENT WAS DETECTED / REFERRED BY: (NB: Separate report for each official, if applicable)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Official \*\*** | **Name** | **Contact Number** | **Mail Address** | **Signature** |

***(Please circle)***

**Referee**

**Assistant Referee**

**TMO**

**DESCRIPTION OF OFFENCE: *(Please continue overleaf if necessary)***

**Society: Submit a copy to** **eugene.fourie@leopardsrugby.co.za** **and** **rida@leopardsrugby.co.za** **and** **potchklerksdorpreferees@gmail.com** **before 12h00 the Monday after the Saturday match or 48 hours after a weekday match.**

* **OFFICIALS: Please send a photocopy via “WhatsApp” to Eugene Fourie (0828232698) directly after the match.**