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| SOUTH AFRICAN RUGBY UNION - TEAM SHEET SAR 44.2017 P23 |

***(This team sheet must be completed by the Team Manager and handed to the Officiating Referee at least 1 hour (sixty minutes) before the start (kick-off time) of the match concerned – Coach 1 (Head coach) and Coach 2 (Assistant Coach) are for the same team; both teams have to submit team sheets!)***

|  |  |
| --- | --- |
| **COMPETITION/AGE GRADE:** |  |
| **TEAM:** |  | **OPPOSING TEAM:** |  |
| **TEAM COACH 1 (name):** |  | **TEAM COACH 2 (name):** |  |
| **BokSmart (BS) No. COACH 1:** | BS- | **BokSmart (BS) No. COACH 2:** | BS- |
| **MATCH REFEREE (name):** |  | **BokSmart (BS) No. Referee:** | BS- |
| **Assistant Referee 1 (where appl.):** | BS- | **Assistant Referee 2 (where appl.):** | BS- |
| **VENUE:** |  |
| **DAY:** |  | **TIME:** |  | **DATE:** |  |

**TEAM LIST Initials & Surname Name Player Reg # Suspected/Confirmed DOB (& Age) Concussion?  *DOB = Date of Birth***

 ***Only note if YES DD / MM/ YYYY (YRS)***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **15** | **Full back** |  |  |  |  |  / / ( ) |
| **14** | **Right wing** |  |  |  |  |  / / ( ) |
| **13** | **Right centre** |  |  |  |  |  / / ( ) |
| **12** | **Left centre** |  |  |  |  |  / / ( ) |
| **11** | **Left wing** |  |  |  |  |  / / ( ) |
| **10** | **Fly half** |  |  |  |  |  / / ( ) |
| **9** | **Scrum half** |  |  |  |  |  / / ( ) |
| **8** | **Number eight** |  |  |  |  |  / / ( ) |
| **7** | **Right flanker** |  |  |  |  |  / / ( ) |
| **6** | **Left flanker** |  |  |  |  |  / / ( ) |
| **5** | **Right lock** |  |  |  |  |  / / ( ) |
| **4** | **Left lock** |  |  |  |  |  / / ( ) |
| **3** | **Tight head prop** |  |  |  |  |  / / ( ) |
| **2** | **Hooker** |  |  |  |  |  / / ( ) |
| **1** | **Loose head prop** |  |  |  |  |  / / ( ) |
| **REPLACEMENTS (Manager to provide positions, bear in mind that there has to be two (2) props and one (1) hooker on the bench for squads of 23 players)** |
| **16** | **Hooker** |  |  |  |  |  / / ( ) |
| **17** | **Prop** |  |  |  |  |  / / ( ) |
| **18** | **Prop** |  |  |  |  |  / / ( ) |
| **19** |  |  |  |  |  |  / / ( ) |
| **20** |  |  |  |  |  |  / / ( ) |
| **21** |  |  |  |  |  |  / / ( ) |
| **22** |  |  |  |  |  |  / / ( ) |
| **23** |  |  |  |  |  |  / / ( ) |

**I hereby certify that the above information is correct:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Team Manager:**  |  |  | **Mobile Number:**  |  |
| **Medical Doctor:**  | **Please Print**  |  | **HPCSA Number:**  | MD- |
| **Physiotherapist:**  | **Please Print**  |  | **HPCSA Number:**  | PT- |
| **Date:** |  **Please Print**  | **Signed by Team Manager:** |  |