



FORM C REFEREE REPORT ON TEMPORARY SUSPENSION (YELLOW CARD)

Player's name: _____ Team & grade: _____

Venue: _____ Date: _____

Playing Position of Player: _____ Player's Number: _____

Match & Result: _____ pts _____ pts

Nature of offence *(please list applicable Law Numbers(s) and/or short description of the Law)*

Period of the match when incident occurred: 1st Half 2nd Half

Elapsed Time in Half: _____

Proximity to the incident: _____ (meters)

Score at that time: _____ pts _____ pts

Was the Player temporarily suspended further to the report of a Touch Judge? YES NO

If yes, who was the Touch Judge: _____

What were the circumstances in which the player was temporarily suspended?

REFEREE'S NAME: _____ UNION: _____

REFEREE'S SIGNATURE: _____

PLEASE LODGE THIS REPORT WITH THE WELLINGTON RFU WITHIN 48 HOURS OF THE MATCH:

Phone: 04 389 0020 Fax: 04 389 0889 Email: nathan.pilalis@wrfu.co.nz PO BOX 7201, WELLINGTON