



Irish Rugby Football Union – CONNACHT BRANCH

REFEREE'S REPORT ON SENDING OFF

Full Name of Player Dismissed: _____ Club: _____

Ground: _____ Date of Match: _____

Playing Position of Player: _____ Number : _____

Match & Result: _____ (pts) _____ (pts)

Nature of offence and Law number:

PERIOD of game when incident occurred: 1st Half 2nd Half Extra Time

Elapsed time in period: _____

Proximity of Referee to offence: _____ Was incident clearly seen? _____

Conditions at time of incident:

Score at that time _____ pts _____ pts

Had any cautions been issued to a) Individual b) General

Was the incident "flagged" by an officially appointed Touch Judge?

(If so, attach report by Touch Judge(s))

Reaction of player to being ordered off :(a) immediate: _____

(b) later: _____

Please give detailed report below. PLEASE WRITE CLEARLY.

REFEREE'S NAME: _____ ASSOC/SOC: _____

REPORT: - please continue overleaf if necessary

**THIS REPORT MUST BE COMPLETED AND FAXED/SENT TO THE CONNACHT
BRANCH C/O The Sportsgrounds, Galway. Fax 091 560097**