RED CARD REPORT LEVELS 5 AND BELOW

To be completed and returned to **CB Discipline Secretary and Referee Society Discipline Officer**

AS SOON AS POSSIBLE AND BY NO LATER THAN 9AM ON THE SECOND DAY FOLLOWING THE MATCH

Please ensure **ALL** fields are completed

Please e-mail as an attachment

Contact details for the CB Discipline Secretaries are available here

Player's Name:	
Player's Club:	
Player's No:	

League/Competition:		Date:	

Home Team	Final Score		Away Team

Law 9 Offence Number:	9.20e		Type of Offence: (Strike, Kick, High tackle...)		
Period Incident Occurred:	1st Half		Elapsed Time in Half:		
Proximity of Official to Incident:			Score at Time:		
Did Match Official have a Clear View:	Yes ◉	No ○	Was Match Recorded?	Yes ◉	No ○

Officials	Name	Email Address	Telephone	Society
Referee				
A/R 1				
A/R 2				

Additional Factors Weather conditions and state of the pitch. General pattern of play/temper of game. Any other cards issued? Was there any injury/medical attention? Any other related information.

Detailed report of the incident

Name:			
Signature:		Date:	

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