

EASTERN PENNSYLVANIA RUGBY UNION REVISED

9/1/1999

MUST BE COMPLETED
FOR ALL MATCHES

CIPP ROSTER

MAIL TO: EPRU, PO BOX 393
EXTON, PA 19341

Match Date: _____

Referee: _____

Home Pitch: _____ Referee CIPP No. _____

Medical Emerg.# _____ Final Score Per Referee: _____

Home Team:			Visitors:		
Score:			Score:		
Pos	Player's Name	CIPP ID #	Pos	Player's Name	CIPP ID #
1			1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
11			11		
12			12		
13			13		
14			14		
15			15		
	Reserves			Reserves	

I certify that the information supplied above is correct and understand that failure to comply with the CIPP policy will result in a one to six week suspension of the team captain and/or the offending player.

Captain Name (print)	Captain Name (print)
Captain Signature	Captain Signature
Captain Telephone	Captain Telephone