

EASTERN PENNSYLVANIA RUGBY UNION

MATCH SCHEDULE

CLUB NAME: _____

DATE MAILED: _____

MUST BE RECEIVED BY AUG 1 FOR FALL

****PLEASE PRINT ALL INFORMATION LEGIBLY****

AND FEB 1 FOR SPRING

| DATE | YOUR CLUB LIST ALL SIDES | OPPOSITION | CHECK ONE | | TIME | Status of Match Contract |
|------|-----------------------------|------------|-----------|------|------|-----------------------------|
| | | | HOME | AWAY | | |
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ATTACH home field map & written directions to this sheet

SEND TO:
EPRU P.O. Box 393 Exton, PA 19341

or email to schedules@epru.org

Questions? Referees Hotline 302-633-7962

Match Secy: _____ Hm/School phone: _____

(PRINT)
 Address: _____ Work/Smr phone: _____

City, State, Zip: _____ Email: _____