

# WESTERN BAY OF PLENTY JMC TEAM CARD

Team card filled in by, Club \_\_\_\_\_ Under \_\_\_\_\_  
 Team \_\_\_\_\_ Coaches Name \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Date of Game \_\_\_\_\_

	Full Christian and surname (please print clearly)	DOB
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Comments

Team Name	<b>VERSUS</b>	Team Name		Team Name
Score		No. Tries	<b>RESULTS</b>	Score
				No. Tries

Both coaches are to sign each others team cards after the game and in doing so acknowledge to each other that they have no complaints about players in the other team and accept the above final result.

Coach \_\_\_\_\_ Coach \_\_\_\_\_  
 Referee \_\_\_\_\_

Any other complaints are to be in writing and be recieved by 5.00pm Wednesday following the game.  
 The card is self addressed and postage is paid. PLEASE POST TODAY to arrive by 5.00pm Wednesday following the game.