Appendix 12: Team Referral to Citing Commissioner National Championship

Referring Union:		
Team Manager / Representative Name:		
Match:	Date of Incident:	
Tournament:	Venue:	
Name of alleged 'offending' player:		
Playing Position of Player:	Number:	Team:
Incident:		
Describe what occurred (include time of incident):		
Name of alleged victim player/s:		
Injuries sustained (if any):		
Names of any witnesses:		
Detected by Match Officials? If so, what action taken	:	
Any other information i.e. evidence to be provided:		
TEAM MANAGER / REPRESENTATIVE (SIGNAT	URE):	
	<u>-</u> ,.	
DATE:	TIME:	

Referrals must be made within 4 hours of the completion of the match.

This form must be handed to the Tournament Director.

A separate form must be completed for each separate incident.