

## PENNINE ARL BRAWL REPORT FORM

Home Team:			Away Team:					
Date of Game:								
Time of Brawl:			Score at Time of Brawl:					
BASIC FACTS								
	Name		Shirt Number		Team			
Instigator:								
Retaliator:								
Please highlight which you consider to be the most appropriate:								
Number of Players Involved:		3 or 4		4 or 5		5 or 6	7+	
Number of Players Punching:		3 or 4		4 or 5	5	5 or 6	7+	
Number of Players Running In:		Less than 2		3 or 4	1	5 or 6	7+	
Number of Club Officials Involved:		0		1		2	3+	
Number of Spectators Involved:		0		1		2	3+	
Brawl Duration (seconds):		0-20		20-40	)	40-60	60+	
Please note below injuries caused as a direct consequence of the brawl:								
DVD Recording of Game: YES NO If yes, by which club:								
Medical Aid required (local/external): YES NO								
Was there a breach of Child Protection legislation: YES NO								
Full description of brawl (use reverse if necessary)								
Details of a previous caution administered to any player in the brawl:								
Distance from incident (metres): Possible Mistaken Identity: YES NO								
DEFEDEE DETAILS								
REFEREE DETAILS  Name: Society:				Cinco of the second				
Name:	2001	ety:			Signat	ure:		

This report must be forwarded by e-mail to <a href="https://huddsarl@hotmail.com">huddsarl@hotmail.com</a> for receipt within 48 hours of the game taking place.