

# Pennine ARL

## ASSESSMENT CO-ORDINATOR / REGISTRATION SECRETARY

John Taylor, 104 Beaumont Park Rd, Huddersfield, HD4 7AU  
 Tel: 01484 461707 Mob: 07754 874250 Email: jtwinger2@hotmail.co.uk

Please include **FULL NAMES** of all players participating, not just initials

League		Division		Cup		Round		Date:	
Kick Off:	Venue								
Home:					Away:				
		1							
		2							
		3							
		4							
		5							
		6							
		7							
		8							
		9							
		10							
		11							
		12							
		13							
		14							
		15							
		16							
		17							
		Coach							
		ID No.							
		First Aid							
I.D Cards Shown	YES/NO			I.D Cards Shown	YES/NO				
Match Official confirms sight of I.D. Cards being checked. Signature									
Match Official to send in separate reports for Sending Off/Brawl to League Secretary									
Sue Taylor - 104 Beaumont Park Rd, Huddersfield, HD4 7AU									
Email :- <a href="mailto:huddsar1@hotmail.com">huddsar1@hotmail.com</a>									
HOME	T	G	DG	PTS	AWAY	T	G	DG	PTS
Sin Bin/ Dismissal	Player Number	Team (H/A)	Offence		Sin Bin/ Dismissal	Player Number	Team (H/A)	Offence	
Serious injuries sustained during play									
Team	H/A	Player	Injury						
Team	H/A	Player	Injury						
Team	H/A	Player	Injury						
Was the pitch roped off?									Yes/No
Did the Referee Liaison Officer make himself known to you prior to kick-off?						Home	Yes/No	Away	Yes/No
Did the person responsible for first aid make himself known to you prior to kick-off?						Home	Yes/No	Away	Yes/No
HOME TEAM			AWAY TEAM			REFEREE			
Secretary			Secretary			Name			
Signature			Signature			Signature			

To be completed by the Club Secretary.

To be completed by the Referee

This document, duly completed and signed by all parties must be returned by the **HOME CLUB** to the ASSESSMENT CO-ORDINATOR / REGISTRATION SECRETARY, listed above, by post or e-mail within 72 hours of the game having been concluded