FORM C REFEREE REPORT ON TEMPORARY SUSPENSION (Yellow Card**)**

Club/School _____ Team _____

Player's name: _____ Position: _____ Number: _____

Venue: _____ Date: _____

Teams & Result: _____ pts _____ pts

Nature of offence *(please list applicable Law Numbers(s) if known and/or short description of the Law)*

Period of the match when incident occurred: 1st Half ☐ 2nd Half ☐

Elapsed Time in Half: _____

Referee's proximity to the incident: _____ (metres)

Score at that time: _____ pts _____ pts

Was the Player temporarily suspended further to the report of an assistant referee? YES ☐ NO ☐

If yes, who was the Assistant Referee: _____

What were the circumstances in which the player was temporarily suspended?

REFEREE'S NAME: _____ **ASSOCIATION** _____

REFEREE'S SIGNATURE: _____

PLEASE LODGE THIS REPORT WITH THE WELLINGTON RFU WITHIN 48 HOURS OF THE MATCH:

Phone: 04 389 0020 Fax: 04 389 0889 Email: michael.langley@wrfu.co.nz