



# FLORIDA RUGBY UNION

## Florida Cup Game Day CIPP Roster

**Senior Men:**

Please Fax to Franklyn Williams at 305-234-8433

**Collegiate Men:**

Please Fax to Greg Van De Grift at 561-547-4722

**Senior and Collegiate Women:**

Please Fax to Raelyn Barlow at 305-466-2529

Your Team \_\_\_\_\_ Opponent \_\_\_\_\_ Game Date \_\_\_\_\_

NON-RESIDENT

NON-RESIDENT

POS	NAME-Print Legibly	CIPP#	Y/N	POS	NAME-Print Legibly	CIPP#	Y/N
1				12			
2				13			
3				14			
4				15			
5				Rep			
6				Rep			
7				Rep			
8				Rep			
9				Rep			
10				Rep			
11				Rep			

**CAPTAIN'S ACKNOWLEDGMENT-** As captain, I hereby affirm that this represents the complete record of players in the match described above, that all are compliant with all USA Rugby eligibility rules and are members in good standing with USA Rugby (CIPP) and the FRU. It is your responsibility (not the referee's) to verify the accuracy of the information on this form. Prior to the start of the game you must (1) Fill in the name, CIPP# and non-resident status of all players; only those listed will be allowed on the field. (2) Have the opposing captain check and sign your roster. (3) Submit your roster form to the referee prior to the start of the game. (4) Note any protests with the referee prior to leaving the field. Protests may be noted after the game but to the referee. (5) The Winning captain must fax the forms to the FRU no later than the next Wednesday. **Winning team is strongly encouraged to retain a copy of each roster until the end of the season to be used in case of a protest.**

Captain's Name \_\_\_\_\_ Captain's Signature \_\_\_\_\_

**OPPOSING CAPTAIN'S ACKNOWLEDGMENT-** I have reviewed the above roster with the opportunity to compare the players and their approved photo ID with the FRU CIPP Roster prior to the beginning of the match.

Opposing Captain's Name \_\_\_\_\_ Opposing Captain's Signature \_\_\_\_\_

**TO BE COMPLETED BY THE REFEREE:**

Score Home Team \_\_\_\_\_ Away Team \_\_\_\_\_ Game Played Under Protest? Yes \_\_\_\_\_ No \_\_\_\_\_

Field Properly Marked? Yes \_\_\_\_\_ No \_\_\_\_\_ Goal Post Padding? Yes \_\_\_\_\_ No \_\_\_\_\_ Restraining Barriers? Yes \_\_\_\_\_ No \_\_\_\_\_

Proper Kit- Home Team? Yes \_\_\_\_\_ No \_\_\_\_\_ Proper Kit – Away Team ? Yes \_\_\_\_\_ No \_\_\_\_\_

Referee Name \_\_\_\_\_ Referee Signature \_\_\_\_\_