



MATCH TEAM SHEET

SUPER 9 2018

PLEASE PRINT CLEARLY IN BLOCK LETTERS

Match:		vs.	
Team:		Date:	
Contact (E-MAIL Address):			

SHIRT NUMBER	FIRST NAME	SURNAME
1. LOOSEHEAD PROP		
2. HOOKER		
3. TIGHTHEAD PROP		
4. LEFT LOCK		
5. RIGHT LOCK		
6. LEFT FLANKER		
7. RIGHT FLANKER		
8. NUMBER EIGHT		
9. SCRUM HALF		
10. 1ST FIVE EIGHT		
11. LEFT WING		
12. 2ND FIVE EIGHT		
13. CENTRE		
14. RIGHT WING		
15. FULLBACK		
16. HOOKER		
17. PROP		
18. PROP		
19. LOCK		
20. LOOSE FORWARD		
21. HALFBACK		
22. BACK		
23. BACK		

MANAGEMENT		
POSITION	FIRST NAME	SURNAME
HEAD COACH		
ASSISTANT COACH		
ASSISTANT COACH		
TEAM MANAGER		
PHYSIOTHERAPIST		
TRAINER		
TEAM MANAGER'S SIGNATURE:		

TO BE COMPLETED AND SIGNED BY THE TEAM MANAGER AND SENT BY E-MAIL TO THE TOURNAMENT DIRECTOR
salesa.s@samoarugbyunion.com BY NO LATER THAN 24 HOURS PRIOR TO THE KICK-OFF OF THE MATCH