



SOUTH WEST SEVENS SERIES TEAM SHEET



School Name: _____ Opposition: _____

Time: _____ Date: _____ Division: _____ BOYS/GIRLS

Players Name	Date of Birth	Signature	Jersey No.	Try (5)	Con (2)	Pen (3)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

As manager, I hereby certify that all players listed above are currently enrolled at _____ school.

I also declare that all listed players are in the correct age group in accordance with competition rules

YOUR TEAM	
NAME	
TRIES (5 POINTS)	
CONVERSIONS (2)	
PENALTY GOALS (3)	
TOTAL SCORE	
MANAGERS NAME	

OPPOSITION TEAM	
NAME	
TRIES (5 POINTS)	
CONVERSIONS (2)	
PENALTY GOALS (3)	
TOTAL SCORE	
MANAGERS NAME	

	SIN BIN (YELLOW)	SEND OFF (RED)	BLUE CARD (CONCUSSION)
TEAM NAME			
PLAYER NAME			
JERSEY NO.			

UPON COMPLETION OF EACH GAME, PLEASE SEEK THE SIGNATURE (ANYWHERE ON SHEET) OF OPPOSITION MANAGER AND REFEREE. ONCE SIGNED PLEASE HAND THIS SHEET TO A TOURNAMENT OFFICIAL – FAILURE TO DO SO MAY RESULT IN LOSS OF COMPETITION POINTS.