



# COLLEGE RUGBY LEAGUE TEAM CARD

DATE ..... / ..... / .....

**PRINTED NAME**

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**I HEREBY CERTIFY THAT THE ABOVE PLAYERS ARE ELIGIBLE**

**SCHOOL REPRESENTATIVE** .....

**COACH/MANAGER** .....

**PLAYED AT** .....

Email: [mary.p@aucklandleague.co.nz](mailto:mary.p@aucklandleague.co.nz)

Fax: (09) 845-8497

YOUR SCHOOL	SCORE	OPPOSITION	SCORE

**REFEREE** .....

