



## ARL COLLEGE RUGBY LEAGUE TEAM CARD

SCHOOL: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

NO.	PLAYER FULL NAME	D.O.B
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		

I HEREBY CERTIFY THAT THE ABOVE PLAYERS ARE ELIGIBLE

SCHOOL REPRESENTATIVE: \_\_\_\_\_

COACH/MANAGER: \_\_\_\_\_

VENUE: \_\_\_\_\_

EMAIL: [Letitia.t@aucklandleague.co.nz](mailto:Letitia.t@aucklandleague.co.nz)

YOUR SCHOOL	SCORE	OPPOSITION	SCORE

REFEREE: \_\_\_\_\_

