# Event Team Registration Form - XVs example

**Name of Union/Team:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Team Jersey Colours:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Jumper | Given Name | Surname (inc. Cpt &VC) | D.O.B. | Club/School/Rugby Body | MRID # |
| 1 L / H Prop |  |  |  |  |  |
| 2 Hooker |  |  |  |  |  |
| 3 T / H Prop |  |  |  |  |  |
| 4 L / Lock |  |  |  |  |  |
| 5 R / Lock |  |  |  |  |  |
| 6 L / Flanker |  |  |  |  |  |
| 7 R / Flanker |  |  |  |  |  |
| 8 Number Eight |  |  |  |  |  |
| 9 Scrum half |  |  |  |  |  |
| 10 Fly half |  |  |  |  |  |
| 11 L / Wing |  |  |  |  |  |
| 12 L / Centre |  |  |  |  |  |
| 13 R / Centre |  |  |  |  |  |
| 14 R / Wing |  |  |  |  |  |
| 15 Fullback |  |  |  |  |  |
| 16 Hooker |  |  |  |  |  |
| 17 L / H Prop |  |  |  |  |  |
| 18 T / H Prop |  |  |  |  |  |
| 19 Lock |  |  |  |  |  |
| 20 Utility Fwd/Back |  |  |  |  |  |
| 21 Utility Fwd/Back |  |  |  |  |  |
| 22 Utility Back |  |  |  |  |  |
| 23 Utility Back |  |  |  |  |  |
|  |  |  |  |  |  |
| Coach |  |  |  |  |  |
| As. Coach |  |  |  |  |  |
| Team Mgr |  |  |  |  |  |
| Medical/First Aid |  |  |  |  |  |

**Event Administrator:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Sign:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Team Management Details**

**Name of Union/Team:**

# COACH

|  |  |
| --- | --- |
| Name: |  |
| Qualification: |  |
| Mailing Address: |  |
| Suburb/State/ PC |  |
| Phone (H): |  |
| Phone (W): |  |
| Mobile: |  |
| Email: |  |

# ASSISTANT COACH

|  |  |
| --- | --- |
| Name: |  |
| Qualification: |  |
| Mailing Address: |  |
| Suburb/State/ PC |  |
| Phone (H): |  |
| Phone (W): |  |
| Mobile: |  |
| Email: |  |

# MANAGER

|  |  |
| --- | --- |
| Name: |  |
| Mailing Address: |  |
| Suburb/State/ PC |  |
| Phone (H): |  |
| Phone (W): |  |
| Mobile: |  |
| Email: |  |

# MEDICAL/FIRST AID

|  |  |
| --- | --- |
| Name: |  |
| Mailing Address: |  |
| Suburb/State/ PC |  |
| Phone (H): |  |
| Phone (W): |  |
| Mobile: |  |
| Email: |  |

# ADDITIONAL TEAM MANAGEMENT STAFF

|  |  |
| --- | --- |
| Name: |  |
| Mailing Address: |  |
| Suburb/State/ PC |  |
| Phone (H): |  |
| Phone (W): |  |
| Mobile: |  |
| Email: |  |