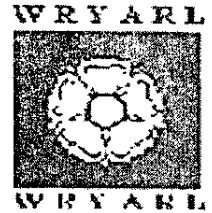


West Riding Youth Amateur Rugby League



Brawl Report

Age Group unders

Date/...../.....

Home team Visitors

Score at time of Brawl Home Visitors Final score Home Visitors

Time of Brawlmins Competition (*please circle*) **LEAGUE CUP FRIENDLY**

Number of players involved in Brawl

Were there any spectators involved **YES / NO**

If spectators were involved could you say from which side **HOME / VISITORS**

Injuries sustained in the Brawl

Was the game Abandoned **YES / NO** If yes, after how many minutes played.....mins.

Referee's name (print)

Society Signature

This report must be with the League Discipline Secretary within 3 days of incident