

# Citing Report



MATCH DETAILS							
Name of participant committing the alleged violation:							
Day:		Date:		Time:		Ground:	
Teams:		vs		Grade:			

NAME OF PERSON CITED			
Name:		Club:	
Position:		Number:	

DESCRIPTION OF INCIDENT				
Specify exact law infringement				
Supporting Charge(s)				

DETAILS OF PERSON SUBMITTING THIS FORM				
Name:		Email:		
Phone:		Relationship to the citing:	<input type="checkbox"/> Union referral <input type="checkbox"/> Witness <input type="checkbox"/> Referee <input type="checkbox"/> Participant <input type="checkbox"/> Other _____	
Club:		Signature:		Date of Submission:    /    /

DETAILS OF WITNESS TO THE INCIDENT				
Name:		Email:		
Phone:		Club:		Signature:

POSTAGE & PAYMENT DETAILS	
<b>Email:</b> <a href="mailto:info@sarugby.com.au">info@sarugby.com.au</a> <b>Post:</b> Rugby Union South Australia PO Box 43 North Adelaide SA 5006 <b>Select a Payment Type:</b> <input type="checkbox"/> Cash Enclosed <input type="checkbox"/> Cheque Enclosed (Please make all cheques out to 'Rugby Union SA')	<input type="checkbox"/> Credit Card (complete details below or attached EFTPOS receipt) <b>Name on Card:</b> _____ <b>Card Type:</b> MASTERCARD / VISA <b>Card Number:</b> _____ <b>Expiry Date:</b> ____/____/_____ <b>Signature:</b> _____

WHAT TO DO WITH THIS DOCUMENT
The person submitting this citing form is required to <b>complete</b> this document and <b>submit</b> to the Union by COB on the first business day following the alleged incident via: <b>Email:</b> <a href="mailto:info@sarugby.com.au">info@sarugby.com.au</a> Should you have any queries regarding this Offence Report, please contact Rugby Union South Australia on (08) 7070 6940.