

# MID-ATLANTIC RUGBY FOOTBALL UNION - COLLEGIATE PLAYOFFS

**MUST BE COMPLETED FOR  
ALL QUARTER-FINAL MATCHES**

## CIPP ROSTER

**PRINT INFORMATION CLEARLY  
GIVE TO REFEREE BEFORE MATCH**

**Match Date:** \_\_\_\_\_ **Referee:** \_\_\_\_\_

**Referee CIPP No.** \_\_\_\_\_ **LAU** \_\_\_\_\_ **Medical Emergency Phone No.** \_\_\_\_\_

**Winning Team:** \_\_\_\_\_ **Final Score Per Referee:** \_\_\_\_\_

**Home Team:**

**Visiting Team:**

Position	Player's Name	CIPP ID #	Position	Player's Name	CIPP ID #
1			1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
11			11		
12			12		
13			13		
14			14		
15			15		
	<b>Reserves</b>			<b>Reserves</b>	

**I certify that the information supplied above is correct and understand that failure to comply with the CIPP policy will result in disciplinary action of the team captain and/or the offending player.**

**Captain Name (print)**

**Captain Name (print)**

**Captain Signature**

**Captain Signature**

**Captain Telephone**

**Captain Telephone**

If a player does NOT have a CIPP ID #, a completed CIPP Enrollment Form is acceptable proof (show with an "X")

This completed form is to be mailed by the referee within 24 hours of the match to:  
 Steve Cohen  
 346 Shady Lane  
 Marlton, NJ 08053-2717