

B.A.R.L.A.

BRAWL REPORT FORM

Home Team:			Away Team:					
Date of Game:								
Time of Brawl:			Score at Time of Brawl:					
BASIC FACTS								
	Name		Shirt Number			Team		
Instigator:								
Retaliator:								
Please highlight which you consider to be the most appropriate:								
Number of Players Involved:		3 or 4		4 or 5	5	5 or 6	7+	
Number of Players Punching:		3 or 4		4 or 5	5	5 or 6	7+	
Number of Players Running In:		Less than 2		3 or 4	1	5 or 6	7+	
Number of Club Officials Involved:		0		1		2	3+	
Number of Spectators Involved:		0		1		2	3+	
Brawl Duration (seconds):		0-20	0-20)	40-60	60+	
Please note below injuries caused as a direct consequence of the brawl:								
DVD Recording of Game: YES NO If yes, by which club:								
Medical Aid required (10	YES NO	NO						
Was there a breach of Child Protection legislation: YES NO								
Full description of brawl (use reverse if necessary)								
Details of a previous caution administered to any player in the brawl:								
Distance from incident (metres): Possible Mistaken Identity: YES NO								
REFEREE DETAILS								
Name:	Soci	Society:			Signature:			

This report must be forwarded by e-mail to <u>secretary@barla.org.uk</u> for receipt within 48 hours of the game taking place.