Virginia Rugby Union CIPP Roster

Match Date: Location: Referee Name:

Team:

Pos	Name	CIPP ID #
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
	Reserves	

I certify that the information supplied above is correct and understand that failure to comply with CIPP policy will result in disqualification and/or suspension of offending participants, including the undersigned..

Captain Name (print)	Captain Name (Print)
Captain Signature	Captain Signature
Captain Telephone	Captain Telephone