

Ivy Rugby Conference

TOURNAMENT FOLLOW UP FORM

***TO BE COMPLETED BY THE HEAD REFEREE AND SUBMITTED TO THE
IVY RUGBY TOURNAMENT CHAIRMAN WITHIN 14 DAYS FOLLOWING TOURNAMENT***

TOURNAMENT NAME _____ HOST CLUB _____

CONTACT PERSON _____

DATE(S) HELD _____ AT _____

OF TEAMS PARTICIPATING _____ DID ALL TEAMS WHO REGISTERED SHOW? _____
IF NO, PLEASE LIST THOSE WHO DID NOT SHOW UP AND REASON IF KNOWN:

DID ALL TEAMS COMPLETE CIPP ROSTERS? _____ IF NOT, EXPLAIN _____

COMMENT ON FIELD CONDITIONS _____

ANY PROBLEMS WITH NUMBER OF FIELDS OR SIZE? _____

WERE FIELDS PROPERLY MARKED AND GOAL POSTS PADDED? _____

ANY PROBLEMS WITH TOURNAMENT FORMAT? _____

WERE MEDICAL PERSONNEL AND/OR AN AMBULANCE PRESENT? _____

LIST ANY MAJOR INJURIES TO PLAYERS (PLAYER'S NAME & CLUB, IF KNOWN) _____

WAS THE ALCOHOL POLICY ENFORCED BY THE HOST CLUB? _____ IF NOT, DESCRIBE.

WERE THERE ANY DISCIPLINARY INCIDENTS _____

HAVE THEY BEEN REPORTED TO THE IVY RUGBY DISCIPLINARY CHAIRMAN? _____

COMMENT ON NATURE OF INCIDENT(S) _____

PLEASE USE THE REVERSE SIDE FOR ANY ADDITIONAL COMMENTS YOU HAVE WHICH
ARE NOT ADDRESSED ON THIS FORM OR REQUIRE MORE EXPLANATION.

Completed by: _____ Date _____