



REPORT ON SIGHTING PLAYER FOR DISPENSATION

CLUB:		PLAYERS NAME:			
DATE OF BIRTH:		AGE:		(YEARS)	(MONTHS)
WEIGHT (kg):		CORRECT GRADE:		INTENDED GRADE:	
POSITION IN TEAM:					

OBSERVATIONS: Provide details on skills and ability relative to the team/opposition, team/club circumstances etc.

SIGHTING OFFICIAL:		SIGNATURE:		CLUB:	
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**Please fax to the Rugby Operations,
NHRU Office on (09) 4472101**