



Playoff Team Sheet

Club

Grade

NZRU Player Reg No.
(OFFICE USE)

No

First Name

Surname

1

2

3

4

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22

Please include bracketed players

I hereby certify that the details of each player listed above reflects a true and accurate record.

Name:

Date:

Team Manager, Coach

REQUIRED NO LATER THAN 9AM OF THE DAY PRIOR TO YOUR PLAYOFF FIXTURE

Fax 09 447 2101 or email tina@harbourrugby.co.nz