

# Citing Report

MATCH DETAILS							
Name of participant committing the alleged violation:							
Day:		Date:		Time:		Ground:	
Teams:		vs		Grade:			

NAME OF PERSON CITED			
Name:		Club:	
Position:		Number:	

DESCRIPTION OF INCIDENT				
Specify exact law infringement				
Supporting Charge(s)				

DETAILS OF PERSON SUBMITTING THIS FORM				
Name:		Email:		
Phone:		Relationship to the citing:	<input type="checkbox"/> Union referral <input type="checkbox"/> Witness <input type="checkbox"/> Referee <input type="checkbox"/> Participant <input type="checkbox"/> Other _____	
Club:		Signature:		Date of Submission:    /    /

**DETAILS OF WITNESS TO THE INCIDENT**

Name:		Email:	
Phone:		Club:	Signature:

**POSTAGE & PAYMENT DETAILS**

<p><b>Email:</b> <a href="mailto:info@ntrugby.com.au">info@ntrugby.com.au</a>  <b>Fax:</b> (08) 8945 2060  <b>Post:</b> NT Rugby Union          PO Box 41937          Casuarina NT 0811</p> <p><b>Select a Payment Type:</b></p> <p><input type="checkbox"/> Cash Enclosed</p> <p><input type="checkbox"/> Cheque Enclosed  <i>(Please make all cheques out to "NT Rugby Union")</i></p>	<p><input type="checkbox"/> Credit Card  <i>(complete details below or attached EFTPOS receipt)</i></p> <p><b>Name on Card:</b> _____</p> <p><b>Card Type:</b>    MASTERCARD / VISA</p> <p><b>Card Number:</b> _____</p> <p><b>Expiry Date:</b> ____/____/____</p> <p><b>Signature:</b> _____</p>
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**WHAT TO DO WITH THIS DOCUMENT**

The person submitting this citing form is required to **Complete** this document and **Submit** to the Union by COB on the first business day following the alleged incident via:

**Email:** [competition@ntrugby.com.au](mailto:competition@ntrugby.com.au)  
**Fax:**    (08) 8945 2060

Should you have any queries regarding this document, please contact NT Rugby Union on (08) 8945 1444