

# WEST SUSSEX COUNTY SHORT MAT BOWLS ASSOCIATION

## KO CUP MATCH RESULT FORM WINTER 2011 - 2012

This form should be **FULLY COMPLETED** in legible **BLOCK CAPITALS**, and sent by First Class post to the address below to arrive **WITHIN FOUR DAYS** of the date of the fixture.

Match Date: \_\_\_\_\_

<b>HOME CLUB:</b>
TEAM NAME:

<b>AWAY CLUB:</b>
TEAM NAME:

Players Rink 1

	Forename	Surname	Reg No.
1			WSU
2			WSU
3			WSU
S			WSU

Players Rink 1

	Forename	Surname	Reg No.
1			WSU
2			WSU
3			WSU
S			WSU

Players Rink 2

	Forename	Surname	Reg No.
1			WSU
2			WSU
3			WSU
S			WSU

Players Rink 2

	Forename	Surname	Reg No.
1			WSU
2			WSU
3			WSU
S			WSU

<u>MATCH RESULT HOME TEAM</u>	
	<b>Shots</b>
RINK 1	<input style="width: 50px; height: 20px;" type="text"/>
RINK 2	<input style="width: 50px; height: 20px;" type="text"/>
FINAL TOTALS	<input style="width: 50px; height: 20px;" type="text"/>

<u>MATCH RESULT AWAY TEAM</u>	
	<b>Shots</b>
RINK 1	<input style="width: 50px; height: 20px;" type="text"/>
RINK 2	<input style="width: 50px; height: 20px;" type="text"/>
FINAL TOTALS	<input style="width: 50px; height: 20px;" type="text"/>

Signature:
HOME TEAM CAPTAIN.....

Signature:
AWAY TEAM CAPTAIN.....

COMMENTS: .....
.....
.....
.....

PLEASE SEND  
FORM TO:

Rod McBeth  
30 Manor Road, Upper Beeding,  
West Sussex, BN 44 3TJ

Tel: 01903 879870

Mobile: 07884 005413  
email: rodmc@btinternet.com

for League Organisers use only