

WEST SUSSEX COUNTY SHORT MAT BOWLS ASSOCIATION

KO CUP MATCH RESULT FORM WINTER 2009 - 2010

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: _____

HOME CLUB:
TEAM NAME:

AWAY CLUB:
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>	
	<u>Shots</u>
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>	
	<u>Shots</u>
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:
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.....
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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