

EVESHAM & DISTRICT SKITTLES LEAGUE

Date: ____ / ____ / ____ Division: ____ Week No: ____

Home Team: _____ Away Team: _____

M/F	Player's Name	Score	M/F	Player's Name	Score
Total			Total		

LEGS WON LEGS DRAWN LEGS WON

Signed: _____ (Capt.) Signed: _____ (Capt.)

THIS CARD MUST BE COMPLETED BY THE HOME TEAM.

THIS RESULT CARD MUST REACH THE LEAGUE RESULTS COORDINATOR **WITHIN 72 HOURS OF THE COMMENCEMENT OF THE GAME** BY TAKING A PHOTO OF THE MATCH CARD AND SENDING VIA EMAIL TO THE COORDINATOR AT skittlesresults@gmail.com

FAILURE TO DO SO WILL MEAN A 6-POINT DEDUCTION.

THE SIGNED RESULT ON THIS CARD WILL STAND.

LEAGUE MATCH RESULT CARD