EVESHAM & DISTRICT SKITTLES LEAGUE

Date: _____ / _____ / _____ Competition: _____

Home Team: _____ Away Team: _____

M/F	Player's Name	Score	M/F	Player's Name	Score
Total score:			**Total score:**		

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

THIS CARD MUST BE COMPLETED BY THE WINNING TEAM.

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

FAILURE TO DO SO WILL MEAN DISQUALIFICATION FROM THE COMPETITION.

PLEASE CHECK CAREFULLY BEFORE SIGNING AS THE SIGNED RESULT ON THIS CARD WILL STAND.

CUP MATCH RESULT CARD