

|  |  |  |
| --- | --- | --- |
| Club/Team Name |    |   Quarters Played (please tick)  |
|   | Playing Position | Name | 1 | 2 | 3 | 4 |
| 1 |   |   |   |   |   |   |
| 2 |   |   |   |   |   |   |
| 3 |   |   |   |   |   |   |
| 4 |   |   |   |   |   |   |
| 5 |   |   |   |   |   |   |
| 6 |   |   |   |   |   |   |
| 7 |   |   |   |   |   |   |
| 8 |   |   |   |   |   |   |
| 9 |   |   |   |   |   |   |
| 10 |   |   |   |   |   |   |
| 11 |   |   |   |   |   |   |
| 12 |   |   |   |   |   |   |

|  |  |  |
| --- | --- | --- |
| **DATE** |  **FINAL SCORE** | **MATCH WINNER** |
|  |  |  |
| **Player of the Match** | **YOUR TEAM (Player nominated by the opposing team)** | **OPPOSING TEAM (Player nominated by your team)** |
| **Print Name**  |  |  |
|  | **PRINT NAME** | **SIGNATURE** |
| **Umpire 1** |  |  |
| **Umpire 2** |  |  |

Captain to sign to confirm validity of information provided on this page: