



MATCH RESULT SHEET

Match Date: _____

HOME TEAM		AWAY TEAM
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
	P	
	C	
	1B	
	2B	
	3B	
	SS	
	LF	
	LC	
	RC	
	RF	
	SUB 1	
	SUB 2	
	SUB 3	
	SUB4	
	RINGER & TEAM NAME	
	RINGER &TEAM NAME	
<input style="width: 100%;" type="text"/>	Score	<input style="width: 100%;" type="text"/>

Players Player:

Home Team Vote	Male	
	Female	

Away Team Vote	Male	
	Female	

Signatures:

Home Capt. Away Capt. Plate Ump.....

Please return this sheet to either Lindsay Satchell, Michelle Thomson, Rem Floris or Ric Pedro after each game.

If no one above is available after your match please text the final score and players player nominations to [07797 725048](tel:07797725048) or [07797 763 926](tel:07797763926) and forward the Match Report Sheet by e-mail to results@jerseysoftball.com by the following Tuesday, after the game.