FORM DATED: Fri 17-May-2024

FORM No: WSC-RES01CUP

WEST SUSSEX COUNTY SHORT MAT BOWLS ASSOCIATION MATCH RESULTS - CUP/PLATE MATCHES ONLY 2024-25 SEASON

Please ensure you take a copy of this form to all home matches.

Match details to be completed, in capital letters, by both team captains who should also sign the form where indicated

Home team are responsible for submission of result sheet to KO Cup Secretary.

Either scan the result sheet and email or post the original. Address details at bottom of form.

	Date Time				Cup, Plate			
	HOME 'TEAM' NAME				HOME 'CLUB' NAME			
	MAT 1 (First r	name & Su	rname)	WSU No.		MAT 2 (Fir	st name & Surname)	WSU No.
1			-		1		·	
2					2			
3					3			
S					S			
Please enter the PLAYERS NAME as Registered against their WSU No. MAT 1 MAT 2 TOTAL								
HOME TEAM SHOTS:								
				-				
	AWAY 'TEAM' NAME				AWAY 'CLUB' NAME			
	MAT 1 (First r		rnomo)	WOUND		MAT 2 (E)	st name & Surname)	WOLLNE
1			manne)	WSU No.	1		st hame & Suffame)	WSU No.
2					2			
3					3			
S					S			
Please enter the PLAYERS NAME as Registered against their WSU No.								
MAT 1 MAT 2 TOTAL								
AWAY TEAM SHOTS:								
MATCH RESULTS								
CUP 'SHOTS': CUP Results are based on total Team Shots, not a Points competition. TEAM NAME MAT 1 MAT 2 HiAgr Totals								
HOME:			SHOTS					
TIOWL.			POINTS	N/A	N/A	N/A	N/A	
AWAY:	:		SHOTS	NI/A	NI/A			
			POINTS	N/A	N/A	N/A	N/A	
Home Captain Print: Away Captain Print:								
	and Signature:				and Sig	nature:		
COMMENT:								
RICHARD BURDEN, SILVERTREES, WYNCOMBE CLOSE, F'WORTH ,RH20 1HW								
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