

DAY & TIME: _____

M.W.D.B.A MINOR LEAGUE RESULTS SHEET

DATE: _____ ROUND: _____ GRADE: _____ GROUND: _____

TEAMS	1	2	3	4	5	6	7	8	9	Total
AWAY										
HOME										

AWAY TEAM	POS
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
PU / NTP	
PU / NTP	
PU / NTP	
TEAM MANAGER	
Print:	
Sign:	

HOME TEAM	POS
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
PU / NTP	
PU / NTP	
PU / NTP	
TEAM MANAGER	
Print:	
Sign:	

Please include players as "PU" if playing up from a lower grade or "NTP" if borrowed

Both managers to check that the team list represents players who took the field. Cross-off players who did not play

PLATE UMPIRE	FIELD UMPIRE
Name:	
Signature:	
Team:	#N/A

Duties for HOME team:

SMS final result to MICHELLE on 0404 088 540 within 12 hours of game completion

EMAIL a scan / photo of signed and completed results card to: results.mwdba@gmail.com

Incident / Ejection Details