



Netball South –Regional U19 Results Sheet

Date _____ Venue _____

Home Team _____ Away Team _____ Division **ONE**

Final Result _____ Winning Team _____

Team Name	Quarter Scores	Q1	Q2	Q3	Q4

	Players Name	Premier Player	Playing Up	Position played (or part played)			
				Q1	Q2	Q3	Q4
NAME							
Signature							
NAME							
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NAME							
Signature							

Please indicate if Premier League Player or player playing up from lower league

Name Captain _____ Signature _____ Team _____

Officials and Team Bench

Umpire Name	Qualification	Signature
Umpire Name	Qualification	Signature
Scorer		Signature
Scorer		Signature
Timer		Signature
Timer		Signature
Manager		Signature
Coach		Signature
Primary Carer		Signature

Tel or Text 07909 993855 or Email no1chrisg@aol.com result and umpires Sunday evening by 8 pm
Home Team to send both result sheets to Chris Granger, 12 Sinclair Road, Lordshill Southampton SO16 8GF
within 5 days of match please

Integrity Clause:

Any team who knowingly and deliberately provides false information regarding identity of players when registering players or naming players on the team sheets will forfeit their deposit and may be expelled from the competition. Disciplinary action may be taken against the club.