

SA Winterball Association Official Results Sheet

SAWBI	
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Please ensure this form is properly filled in. Home team retains form and sends to Club Scores Recorder. Away team may take a copy. Please send to sawinterbaseball@hotmail.com by 9am Monday

DIVISION:		DATE:			START TIME:				END T	TIME:	VENUE:				
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номе т	EAM: COAG	CH:]	AWA	Y TEAM : COACH:					
Pos	Player's Surna		rname, First Name	Age (pitcher)	Pitch Count	League Age	Permit "P"		Pos	Player's Surna	me, First Name	Age (pitcher)	Pitch Count	League Age	Permit "P"
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	*	* Scor	ers and umpire agree	players I	isted o	above	have	satisfied the	requir	ements for a game pl	ayed for finals qua	ılification *	*		
			FINAL SCORE S			SCORER NAM	ME SCORER SIGN		UMPIRE						
HOME TEAM:							NAME:								
AWAY TEAM:								SIGN:							
COMMEN	NTS (PROTES	TS / GR	OUNDS / ISSUES / INCIDE	NTS)											
SAWBA															CAMDA
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