

Westernport Night Competition

Mixed and Men's Doubles

Date:	Format:	Grade:
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Team Name :	Team Name:
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<i>1</i>					<i>1</i>
<i>2</i>					<i>2</i>
<i>3</i>					<i>3</i>
<i>4</i>					<i>4</i>
<i>1</i>					<i>1</i>
<i>3</i>					<i>3</i>
<i>2</i>					<i>2</i>
<i>4</i>					<i>4</i>
<i>1</i>					<i>1</i>
<i>4</i>					<i>4</i>
<i>2</i>					<i>2</i>
<i>3</i>					<i>3</i>

Sets Home Team: _____

Sets Visitors: _____

Games Home Team: _____

Games Visitors _____

Won By.....

Signature:.....

Signature:.....

Score sheets are to be filled in prior to commencement of play. First name & Surname please.
 Score Sheet to be posted to Geoff Robinson 96 Jacka Street Bittern 3918. Or faxed day light hours only
 59-838186. Or Email wpnta@live.com.au

Score sheet must be submitted within 6 days of match or points penalty will apply.

LADDERS AVAILABLE AT westernportnighttennis.websyte.com.au