

NECLTL ACTON CUP / ACTON PLATE* - MATCHCARD

(* please circle correct event)

Date: _____

Home Team:

Away Team:

EVENT	Home Team Player(s)		Away Team Player(s)		SETS SCORE		EVENT SCORE (i.e. 1-0 or 0-1)		
	Surname	Forename	Surname	Forename	H	A	H	A	
Ladies Singles									
Men's Singles									
Ladies Doubles									
Men's Doubles									
Mixed Doubles									
Overall Total Event Score (i.e. 4-1, 2-3, 5-0 etc)									

HOME TEAM contact Mobile No:

AWAY TEAM contact Mobile No:

Captain's Signature:

Captain's Signature:

Once the completed card has been signed by both captains take a clear photo (or scan the card to a PDF) - email the image to NECLTL Acton Cup Referee: acton@necltl.org The email may be sent by any home team member.