



## TEAM MATCH SEASON SCORESHEET

CUP			DATE		
HOME TEAM			VISITING TEAM		
PLEASE - <u>USE INK - PRINT ALL NAMES</u> - WRITE MATCH RESULT NEXT TO WINNING PLAYER'S NAME					
	Result	Name		Name	Result
1			1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		

SIGNATURE OF HOME TEAM CAPTAIN
--------------------------------

SIGNATURE OF VISITING TEAM CAPTAIN
------------------------------------

NAME OF WINNING TEAM AND TEAM SCORE
-------------------------------------

CAPTAINS: PLEASE FILL OUT AND INPUT RESULTS ONLINE  
AFTER EACH MATCH (**NO LATER THAN 3:00 PM**). Keep a paper copy for your records.

THE WOMEN'S GOLF ASSOCIATION OF PHILADELPHIA  
**FAX: 610-992-1897 E-MAIL: [wgap@wgapgolf.org](mailto:wgap@wgapgolf.org)**  
TELEPHONE: 610-337-WGAP