



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
E-MAIL: wgapgolf1897@gmail.com
TELEPHONE: 610-337-9427**