



# BRAINTREE & DISTRICT TABLE TENNIS LEAGUE

## TEAM HANDICAP KNOCKOUT CUP – SCORE SHEET

DATE:

ROUND:

HOME TEAM:

AWAY TEAM:

<u>PLAYER</u>	<u>RATING</u>	<u>PLAYER</u>	<u>RATING</u>
A _____		X _____	
B _____		Y _____	
C _____		Z _____	

HOME	AWAY	GAME 1	GAME 2	GAME 3	GAME 4	GAME 5	H	A
A	X							
B	Y							
C	Z							
A	Y							
C	X							
B	Z							
C	Y							
A	Z							
B	X							
MATCH WON BY:								
MATCH SCORE :								

HOME CAPTAIN .....

AWAY CAPTAIN .....

WINNING TEAM CAPTAIN TO RETURN COMPLETED SCORE SHEET TO: -

Pete Taylor 31 William Harris Way, Colchester CO2 8WJ  
email: [taylorp4@btinternet.com](mailto:taylorp4@btinternet.com)

**PLEASE RETURN SCORE SHEET WITHIN 48 HOURS OF THE MATCH.**

FAILURE TO COMPLY MAY RESULT IN A FINE OR DISQUALIFICATION.