



# BRAINTREE & DISTRICT TABLE TENNIS LEAGUE

## TEAM HANDICAP KNOCKOUT CUP – SCORE SHEET

DATE:

ROUND:

HOME TEAM:

AWAY TEAM:

<u>PLAYER</u>	RATING	<u>PLAYER</u>	RATING
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: -**

Ian Whiteside, 12 The Maltings, Rayne CM77 5BS email: [whitesidedi@btinternet.com](mailto:whitesidedi@btinternet.com)

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

**FAILURE TO COMPLY MAY RESULT IN A FINE OR DISQUALIFICATION.**