## **Derby and District Table Tennis Association**

Walter Reeves Team Handicap

Round:			Date of match:						_
Home Team Name:			Away Team Name:						
Selected Players			НСР	HCP Selected Players					
Substituting (Fill in Below)			XXXX	XXXX	Subs	Substituting (Fill in Below)			
Doubles						Dou			
Total/Team Handicap					To	otal/Tear			
Match should be p	layed on	<i>Home</i> t	eam's m	atch nigh	t (in the S	Schedule	d Cup V	Veek)	
Home Player	Game1	Game2	Game3	Home Total	Away Total	Game1	Game2	Game3	Away Player
Α									X
В									Υ
С									Z
В									X
Doubles									Doubles
A									Z
С									Υ
В									Z
С									X
A									Υ
Points Total	xxxxx	xxxxx	xxxxx			xxxxx	xxxxx	xxxxx	Points Total
Handicap	xxxxx	xxxxx	xxxxx			xxxxx	xxxxx	xxxxx	Handicap
MATCH RESULT	xxxxx	xxxxx	xxxxx			xxxxx	xxxxx	xxxxx	MATCH RESULT
Winning Team									
Signed						Team C	Captain		

The result should be reported by the Winning Team Captain to:

Graham Hesketh, 15 Wyston Brook, Hilton, Derby DE65 5JB (email: graham@gbh.clara.co.uk, mob: 07951 308685) by SATURDAY of the week following the Scheduled Cup Week otherwise the match will be awarded to the team NOT in default. All competition rules are as printed in the handbook.