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|  | **MIDDLESEX COUNTY NETBALL LEAGUE**  SEPTEMBER 2021 RESULT SHEET  **ONLY COMPLETE FOR YOUR OWN TEAM** | | | | | DATE  DIVISION  TEAM SUBMITTING SHEET:  MATCH WON BY: |
| HOME TEAM | | SCORE | v | SCORE | AWAY TEAM | |
| |  |  | | --- | --- | | **CAPTAIN** to TICK to confirm ALL their players / team bench officials / Scorer have completed Pre-match COVID checks. |  |   **CAPTAIN** TO KEEP POSSESSION AND COMPLETE THIS FORM ON BEHALF OF PARTICIPANTS   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **MY TEAM PLAYER NAMES**  (Clearly PRINT NAMES in full. Cross through subs not used) | | **TEAM BENCH OFFICIALS**  (Clearly PRINT NAMES and Roles as required) | | | | GS |  | 1 | Coach |  | | GA |  | 2 | Assistant Coach |  | | WA |  | 3 | Primary Carer |  | | C |  | 4 |  |  | | WD |  | 5 |  |  | | GD |  |  |  |  | | GK |  |  |  |  | | SUB 1 |  |  |  |  | | SUB 2 |  | Q1 | SCORER |  | | SUB 3 |  | Q2 | SCORER |  | | SUB 4 |  | Q3 | SCORER |  | | SUB 5 |  | Q4 | SCORER |  |      |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **UMPIRES DETAILS** – Please clearly PRINT NAMES, EN Individual Membership No. and Award held | | | | **QUARTER SCORES** | | | | NAME | Club nominated by  (only complete if not central allocation) | EN No. | Award held |  | HOME  TEAM | AWAY TEAM | |  |  |  |  | 1 |  |  | |  |  |  |  | 2 |  |  | |  | | | | 3 |  |  | | **GAME MANAGEMENT** | | |  | 4 |  |  |   **CAPTAIN -** Please clearly PRINT DETAILS as necessary should actions be undertaken by the umpires in the match.  **UMPIRES** to advise what is to be completed. From September 2020, this also now includes Cautions.   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Q. | TEAM | Player Position | PLAYER NAME | ACTION TAKEN Caution, Warning, Suspension, Order Off | REASON | Umpire | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |   **CAPTAIN** – Please PRINT YOUR NAME and YOUR TEAM NAME to confirm that the sheet is complete   |  | | --- | |  |   \*\*\***ON THE DAY OF THE MATCH**\*\*\*   |  |  | | --- | --- | | 1. | Scan/photograph the result sheet and email to**:** [**registrationsandresults@middlesexneball.co.uk**](mailto:registrationsandresults@middlesexneball.co.uk) | | 2. | **HOME TEAM ONLY** should also text or WhatsApp the match result to the new **Results Service - 07795 257837**  Please use this format: Division Name, Date, Home Team Name and Score, Away Team and Score, Name of Reportee | | | | | | | |