HALIFAX JUNIOR CRICKET LEAGUE

MATCH RESULT SHEET

Phone Result To 07986 975350

Date_____20_____ **Section North / South** **Under 13/ 15 / 17**

Fixture_____V_____

Number of overs agreed per side_____

BATTING ANALYSIS					
INNINGS OF			**INNINGS OF**		
BATSMAN	**HOW OUT**	**RUNS**	**BATSMAN**	**HOW OUT**	**RUNS**
	EXTRAS			**EXTRAS**	
WKTS LOST	**TOTAL**		**WKTS LOST**	**TOTAL**	

PLEASE NOTE- Accuracy of names is essential i.e. no nicknames or abbreviations

BOWLING ANALYSIS									
BOWLING OF					**BOWLING OF**				
BOWLERS NAME	**O**	**M**	**R**	**Wkts**	**BOWLERS NAME**	**O**	**M**	**R**	**Wkts**
Byes, Leg Byes					**Byes, Leg Byes**				
Total					**Total**				

FIELDING MARK		**FIELDING MARK**	

N.B All players names must be included on team sheet SIGNED _____

Home Team Manager

PERFORMANCE HIGHLIGHTS_____

_____

RESULT _____V _____ *(Points)*

JUNIOR COACHING IS SUPPORTED BY THE BEARDER CHARITY