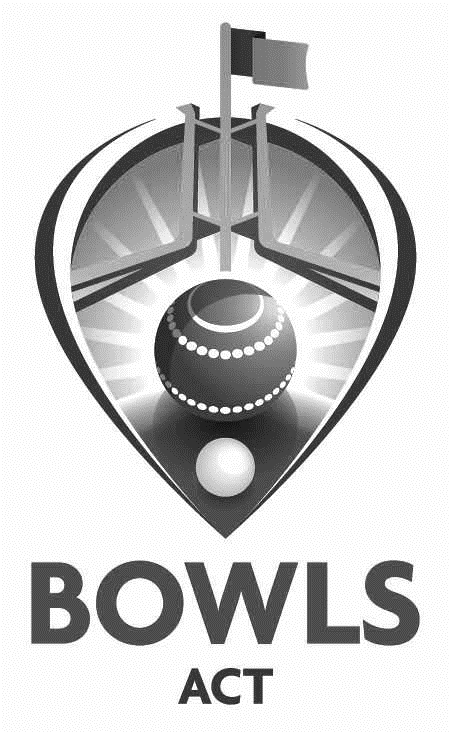
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**BOWLS ACT**

**2020 ACT MEN’S PENNANT**

Notes for completion: Only one FORM REQUIRED AND THIS TO BE PROVIDED BY THE “HOME” CLUB.

Please print the players name - both **first and last**. Registration Numbers ARE NOT REQUIRED. The Manager of the VISITING SIDE and the MANAGER of the HOME SIDE will complete and sign the form. The Manager of the HOME SIDE is responsible for the results being updated on IMG and this form being provided to Bowls ACT

by Fax **6108 3557** Email**: exec@bowlsact.org.au** or photograph and text to **0407 181 013 immediately after the match is completed**.

**Pennant Grade: ………………….. Round No: ……………….. Date: ……………….**

**Home Side: ……………………….. Visiting Side: ………………………….**

**Lead Second Third Skip Score Score Lead Second Third Skip**

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**Total Score**

**Manager Home Side: ……………………. Manager Visiting Side: …………………..  
 Match Won By …………………………….**

**Contact No: ………………………… Contact No: …………………………**