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**BOWLS ACT**

**2020 ACT WOMEN’S PENNANT**

Filling out the form: 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. Please check all details are correct **AND RINKS ARE ALIGNED** before sending to Bowls ACT.

 **Home club to send completed Score sheet to Bowls ACT via fax to 6108 3557,** Email **at** **admin@bowlsact.org.au**, or photograph and text to **0407 181 013 immediately after the match is completed**. Note: **Home Team Managers will be required to enter results on line this Pennant season.**

**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: …………………………**