

CABOOLTURE SPORTS SOFTBALL ASSOCIATION
SCORECARD

SCORER CHARLIE BROWN
 TEAM GREEN v BLUE GRADE MEN
(Opposing Team)
 DIAMOND 5 TIME 2.30 DATE 4/4/15

Umpires & Scorers to ensure the correct details are listed

Umpires & Scorers to ensure the positional changes are shown

Scorer to ensure the correct Scorecard symbol is used for the players

Umpires & Scorers to ensure bench players are shown to have entered the game

Umpires & Scorers to ensure the score cards have the same result of game

Umpires & Club Umpires must sign off on each Score card

The Scorer to ensure the players 'registered name' is listed on all Scorecards

Ensure details on reverse side of Score Card are listed

- * New Registrations - by Scorer
- * Injuries - by Scorer or Umpire
- * Juniors 3 | 2 | 1 " Best & Fairest" points - by Scorer
- * Ejected Players - by Scorer or Umpire

BATTING ORDER	SURNAME	NAME	CHRISTIAN	Scorecard Symbol	Pos.	POSITIONAL CHANGES
1.	STONE	Curtis			2	
2.	HENSWORTH	Liam			7	8
3.	CLOONEY	George	PU		7	
4.	GOSLING	Ryan	OP		3	
5.	MURRAY	Bill			4	
6.	STILLER	Ben	DR		9	
7.	CROWE	Russell			6	
8.	BLAKE	James	SI		5	
9.	STILLER	Ben			8	1
10.						
11. DESIGNATED RUNNER	NEESON Liam		SCORECARD SYMBOLS			
12.	GRAMMAR	KELSEY	SI	PPU	PU PICK UP	
13.					PPU PLAYER PLAYING UP	
14.					CR CROSS REGD.	
15.					DR DOUBLE REGD.	
					DP DESIGNATED PLAYER	

RESULT *(Circle Applicable)
 WON DEFEAT Runs For:- 4
DRAWN FORFEIT Runs Against:- 4
 CAPTAIN/COACH: Conor Dig
(Signature)

UMPIRE
 -Plate Tom Carver
(Signature)
 -Base Jeff Daniels
(Signature)

N.B. THIS CARD MUST BE COMPLETED IN BIRO, FULLY COMPLETED AT THE END OF EACH MATCH, SIGNED BY UMPIRES AND HANDED IN.

NEW REGISTRATIONS

NAME _____
 ADDRESS _____
D.O.B. / /
 SIGNATURE _____

NAME _____
 ADDRESS _____
D.O.B. / /
 SIGNATURE _____

*** S.Q.I. REGISTRATION FORM COMPLETED AND FEES PAID PRIOR TO TAKING THE FIELD.**

INJURIES

DETAILS OF: _____

SIGNATURE: _____

*** INJURIES ARE LISTED BY PLATE UMPIRE AND SIGNED.**

"BEST & FAIREST" U13 / U15 / U17 opposing team
* Correct registered name *
 3 points:
 2 points:
 1 point:

*** UMPIRE TO SUBMIT A REPORT TO UMPIRING CO-ORDINATOR BY END OF FIXTURE DAY.**

NEW REGISTRATIONS

NAME _____
 ADDRESS _____
D.O.B. / /
 SIGNATURE _____

NAME _____
 ADDRESS _____
D.O.B. / /
 SIGNATURE _____

*** S.Q.I. REGISTRATION FORM COMPLETED AND FEES PAID PRIOR TO TAKING THE FIELD.**

INJURIES

DETAILS OF: _____

SIGNATURE: _____

*** INJURIES ARE LISTED BY PLATE UMPIRE AND SIGNED.**

EJECTED PLAYERS

*** UMPIRE TO SUBMIT A REPORT TO UMPIRING CO-ORDINATOR BY END OF FIXTURE DAY.**