



**CSRA WOMEN'S TENNIS LEAGUE
MATCH REPORT FORM**

Note: If this is a postponed match, please indicate ORIGINAL DATE as well as the DATE ACTUALLY PLAYED

DATE OF MATCH: _____

LEVEL: A

| | VS | |
|----------------------|-------|----------------------|
| Home | | Visitor |
| CIRCLE WINNING TEAMS | SCORE | CIRCLE WINNING TEAMS |
| 1 _____ | _____ | _____ |
| _____ | _____ | _____ |
| 2 _____ | _____ | _____ |
| _____ | _____ | _____ |
| 3 _____ | _____ | _____ |
| _____ | _____ | _____ |
| 4 _____ | _____ | _____ |
| _____ | _____ | _____ |
| 5 _____ | _____ | _____ |
| _____ | _____ | _____ |
| 6 _____ | _____ | _____ |
| _____ | _____ | _____ |

**Form must be turned in within 3 days of match completion.
Circle captain submitting form.**

Captain: _____ Captain: _____

**CSRA Women's Tennis League
c/o Julie Hughes
230 Border Drive
North Augusta, SC 29841**



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| _____ | _____ | _____ |
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| _____ | _____ | _____ |

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