



**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: B

_____	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 Nancy Crawford  
4470 Cape Cod Drive  
Evans, GA 30809**



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