



DORCHESTER and DISTRICT
READ WOODRUFF
EVENING CRICKET LEAGUE

To be completed by BOTH TEAMS & sent to the Results Secretary within
THREE DAYS of the match.

E-mail - results@ddecl.org.uk

DIVISION

PLAYED AT:

DATE

Group

CUP

INNINGS OF:
(inc. first name/surname)

BATSMANS NAME	HOW OUT	BOWLER	RUNS

Wicket keeper to be indicated as (*)
WICKETS LOST EXTRAS TOTAL 0

FALL OF WICKETS:	1	2	3	4	5	6	7	8	9	10
BATSMANS No										
SCORE										

BOWLING:

BOWLERS NAME	O	M	R	W	BOWLERS NAME	O	M	R	W

Please give details of all sixes hit:

NAME	CLUB	SIX HITS

RESULT OF MATCH.

INNINGS OF :
(inc. first name/surname)

BATSMANS NAME	HOW OUT	BOWLER	RUNS

Wicket keeper to be indicated as (*)
WICKETS LOST EXTRAS TOTAL 0

FALL OF WICKETS:	1	2	3	4	5	6	7	8	9	10
BATSMANS No										
SCORE										

BOWLING:

BOWLERS NAME	O	M	R	W	BOWLERS NAME	O	M	R	W

Nominations for outstanding Individual Performances/match report:
(Please feel free to attach additional pages/photos)

Signed _____ Club _____