BRISBANE METRO REGION

Participation card for **Rookieball**

Date:____/____/____ **Start Time:** _____ **Ground:** _____ **Club Submitting Card:** _____

Home Team Name: **v** **Away Team Name:**

Bat Pos	PLAYERS NAMES			Bat Pos	PLAYERS NAME		
1				1			
2				2			
3				3			
4				4			
5				5			
6				6			
7				7			
8				8			
9				9			

SIGNED:

Coach Home:_____ Coach Away: _____

COACH COMMENTS:

Cones Out: (please circle) Yes No

UMPIRES COMMENTS:

UMPIRES:	PLATE: (print name)	BASE: (print name)

Please scan & email to Brisbane Metro Registrar
registrar.brisbanemetro@gmail.com

BY noon of the FOLLOWING WEDNESDAY