

Class: BC1 BC2 BC3 BC4 Open

Location:

Date:

Player 1: Name

Player 2: Name

We the players, hereby agree to the terms and conditions under which this match is being played.

Player 1 Signature:

Player 2 Signature:

Referee: Name

As the referee I agree to abide by the terms and conditions set out by Boccia Ireland for Challenge Series matches.

Referee Signature:

	RED	BLUE
Player / Team		
End 1		
End 2		
End 3		
End 4		
Final Score		
Tie Break		

Referees Notes

RED Signature:

BLUE Signature:

Referee Signature:

This scoresheet must be submitted by the above named Referee upon match completion to either boccia@paralympics.ie or 083 862 0924