



**SUPER CHAMPS**

**Daily Team Form**

Grade: B  C  D  E  F/J   
 Club: ..... District: .....  
 Team: Male  Female   
 Date of play: ..... Round no. ....

Team Order	Player Code
1	
2	
3	
4	
5	

Manager: .....  
 Signed:..... Date: .....

*This form should be submitted to the Tournament Director at least one hour prior to the start of Round 1 and, for each subsequent round, within half-an-hour of the finish of play in the preceding round. This applies also to teams which have a bye in any round of the competition.*



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