TEAM FIELDING: _____ Date: (/   /   )

Innings: □ 1st   □ 2nd   Match Day: _____

Name of player Off:	
Time Off:	
Reason:	
Sub Allow:	□ YES □ NO
Time Return:	
Minutes Off:	
Time can Bowl/Bat:	

Please keep abreast of an individual player repetition of being on and off the field

Name of player Off:	
Time Off:	
Reason:	
Sub Allow:	□ YES □ NO
Time Return:	
Minutes Off:	
Time can Bowl/Bat:	

Please keep abreast of an individual player repetition of being on and off the field

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Time Off:	
Reason:	
Sub Allow:	□ YES □ NO
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