



ActiveSG Corporate League Match Line-Up Form



Team Name _____

Date / Time: _____

Opponent: _____

Note - Indicate names of ALL members, and indicate their genders. Then make multiple copies to submit the Lineup for the various matches accordingly by indicating the opponent and which doubles the players will be playing.

S/N	Name of Members	Gender	Please Indicate
1		M / F	WD / MD1 / MD2
2		M / F	WD / MD1 / MD2
3		M / F	WD / MD1 / MD2
4		M / F	WD / MD1 / MD2
5		M / F	WD / MD1 / MD2
6		M / F	WD / MD1 / MD2
7		M / F	WD / MD1 / MD2
8		M / F	WD / MD1 / MD2
9		M / F	WD / MD1 / MD2
10		M / F	WD / MD1 / MD2

Name and Signature Team Captain or Authorised Representative	
---	--