T20 INNINGS CONTROL SHEET

Team: _____ *Date:* _____

Over	Start	Finish	Par	*1*	*2*	*3*	*4*	*5*	*6*	*[7]*	*[8]*	*[9]*	Time +/=/-	Remarks
1			*4*											*P1 (2 out)*
2			*8*											
3			*12*											
4			*16*											
5			***20***											
6			*24*											
7			*28*											*(5 out)*
8			*32*											
9			*36*											
10			***40***											
11			*44*											
12			*48*											
13			*52*											
14			*56*											
15			***60***											
16			*64*											
17			*68*											
18			*72*											
19			*76*											
20			***80***											

[Captains to be advised of over rate every 5 overs]

BOWLER Name / Number	*OVERS*	*1*	*2*	*3*	*4*	Remarks

TIME ALLOWANCES					
Reason	*Source*	*Start*	*Stop*	*Time*	*Total*

PLAYERS LEAVING THE FIELD						
Over	*Name / Number*	*Time Off*	*Time On*	*Total*	*Time to Bowl*	*Reason*

[TO BE COMPLETED BY THE RESERVE UMPIRE]