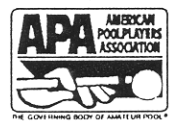


		YOUR OPPONENT					
SL	2	3	4	5	6	7	
Y O U	2	2/2	2/3	2/4	2/5	2/6	2/7
	3	3/2	2/2	2/3	2/4	2/5	2/6
	4	4/2	3/2	3/3	3/4	3/5	2/5
	5	5/2	4/2	4/3	4/4	4/5	3/5
	6	6/2	5/2	5/3	5/4	5/5	4/5
	7	7/2	6/2	5/2	5/3	5/4	5/5

SCORESHEET



TEAM NUMBER

AND HANDICAP / ROSTER FOR
FOR WEEK NUMBER ON AT

DIVISION STANDINGS THROUGH LAST WEEK

TEAM NUMBER
WINS LAST WEEK
TOTAL TO DATE

HOME TEAM

VISITING TEAM

TEAM FROM
S/L MP NUMBER PLAYERS

TEAM FROM
S/L MP NUMBER PLAYERS

*N BEFORE THE SKILL LEVEL = NOT PAID * BEFORE THE SKILL LEVEL = NO ADDRESS ON FILE. TO RECEIVE MEMBERSHIP KIT AND PUBLICATIONS, PRINT ADDRESS ON BACK.

TEAM #	PLAYER NAME	PLAYER NUMBER	Games Must Win	INNINGS					8-BREAK	8-RUN	DEFENSIVE SHOTS	SCORE	W-L
				Game 1	Game 2	Game 3	Game 4	Game 5					
VS				Game 1	Game 2	Game 3	Game 4	Game 5					
				Game 6	Game 7	Game 8	Game 9	Total Innings					
VS				Game 1	Game 2	Game 3	Game 4	Game 5					
				Game 6	Game 7	Game 8	Game 9	Total Innings					
VS				Game 1	Game 2	Game 3	Game 4	Game 5					
				Game 6	Game 7	Game 8	Game 9	Total Innings					
VS				Game 1	Game 2	Game 3	Game 4	Game 5					
				Game 6	Game 7	Game 8	Game 9	Total Innings					
VS				Game 1	Game 2	Game 3	Game 4	Game 5					
				Game 6	Game 7	Game 8	Game 9	Total Innings					

FEES SECTION COMPLETED BY TEAM CAPTAIN

WEEKLY DUES

OTHER

PLUS ANNUAL DUES FOR THE FOLLOWING MEMBERS

CAPT INIT _____ TOTAL _____

SIGNED BY BOTH TEAM CAPTAINS

CAPT. # POINTS ➔

CAPT. # POINTS ➔

NEXT WEEK'S SCHEDULE YOU WILL PLAY

MESSAGE CENTER