

HOME TEAM _____

White copy to District Director/Yellow Copy to Team Captain

LEAGUE _____ TEAM # _____ DATE _____

PLAYER'S NAME	ID#	HNDCP	1st Round	2nd Round	3rd Round	4th Round	TIE BREAKER	INDIVIDUAL STATS						
								TOTAL PT.	W	L				
a			F	G	H	I	J							
b			G	H	I	J	F							
c			H	I	J	F	G							
d			I	J	F	G	H							
e			J	F	G	H	I							
* TOTAL TEAM HANDICAP ROUNDED UP OR DOWN		*												
Franklin County Pool League (Make checks to FCPL)			SUB TOTAL											
			HANDICAP					*	*	*	*	*	ROUND POINTS	
			TOTAL										WON	LOST
			ROUND WON or LOST											

SIGNATURE _____

VISITING TEAM _____ LEAGUE _____ TEAM # _____ DATE _____

PLAYER'S NAME	ID#	HNDCP	1st Round	2nd Round	3rd Round	4th Round	TIE BREAKER	INDIVIDUAL STATS						
								TOTAL PT.	W	L				
F			a	e	d	c	b							
G			b	a	e	d	c							
H			c	b	a	e	d							
I			d	c	b	a	e							
J			e	d	c	b	a							
* TOTAL TEAM HANDICAP ROUNDED UP OR DOWN		*												
Mail to: FCPL POBox 1133 Greenfield, MA 01302-1133			SUB TOTAL											
			HANDICAP					*	*	*	*	*	ROUND POINTS	
			TOTAL										WON	LOST
			ROUND WON or LOST											

SIGNATURE _____