



# RIVER CITY BILLIARDS ASSOCIATION

## 3 PERSON 8/9 BALL SCORESHEET



DIVISION NAME \_\_\_\_\_

DATE: / /

HOME TEAM NAME \_\_\_\_\_

AWAY TEAM NAME \_\_\_\_\_

AVG	FULL NAME	1	2	3	4	TOTAL
1		B		B		
		1-4	1-5	1-6	1-4	
2		B		B		
		2-5	2-6	2-4	2-5	
3		B		B		
		3-6	3-4	3-5	3-6	
Team AVG	TOTAL					
	HANDICAP (90%)					
	TOTAL INC.HANDICAP					
	CIRCLE ROUNDS WON	W	W	W	W	W

AVG	FULL NAME	1	2	3	4	TOTAL
4						
		B		B		
5						
		B		B		
6						
		B		B		
Team AVG	TOTAL					
	HANDICAP (90%)					
	TOTAL INC.HANDICAP					
	CIRCLE ROUNDS WON	W	W	W	W	W

SUBTRACT LOWER TEAM AVERAGE FROM HIGHER TEAM AVERAGE TO GET HANDICAP

HIGHER TEAM AVERAGE	
- LOWER TEAM AVERAGE	
HANDICAP PER ROUND (90%)	

AMOUNT \$ PAID

HOME	
AWAY	

CAPTAIN'S SIGNATURES

HOME	
AWAY	

**\*PLEASE FAX this sheet *face down*, immediately after your match to: 331-7603**

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Work Sheet		X=Home	O=Away			
1	2	3	4	5	6	
2	2	2	2	2	2	
3	3	3	3	3	3	
4	4	4	4	4	4	
5	5	5	5	5	5	
6	6	6	6	6	6	
7	7	7	7	7	7	
8	8	8	8	8	8	
9	9	9	9	9	9	

