



RIVER CITY BILLIARDS ASSOCIATION

3 PERSON 9-BALL SCORESHEET



DIVISION NAME

DATE: / /

HOME TEAM NAME

AWAY TEAM NAME

AVG	PLAYER NAME	1	2	3	4	5	6	7	8	9	TOTAL	AVG	PLAYER NAME	1	2	3	4	5	6	7	8	9	TOTAL		
1		B			B			B		B		4													
		1-4	1-6	1-5	1-4	1-6	1-5	1-4	1-6	1-5		5													
2		2-5	2-4	2-6	2-5	2-4	2-6	2-5	2-4	2-6		6													
3		B			B			B		B															
		3-6	3-5	3-4	3-6	3-5	3-4	3-6	3-5	3-4															
		TOTAL																							
		HANDICAP (90%)																							
		TOTAL INC. HANDICAP																							

SUBTRACT LOWER TEAM AVERAGE FROM HIGHER TEAM AVERAGE TO GET HANDICAP

HIGHER TEAM AVERAGE	
- LOWER TEAM AVERAGE	
HANDICAP PER ROUND (100%)	

AMOUNT \$ PAID

HOME	
AWAY	

TOTAL

HANDICAP (90%)

TOTAL INC. HANDICAP

GAMES	WORK SHEET	X HOME	O VISITOR
1	2	3	4
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
10	10	10	10
11	11	11	11
12	12	12	12
13	13	13	13
14	14	14	14
15	15	15	15
16	16	16	16
17	17	17	17
18	18	18	18
19	19	19	19
20	20	20	20
21	21	21	21
22	22	22	22
23	23	23	23
24	24	24	24
25	25	25	25
26	26	26	26
27	27	27	27

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

MEMO

From: _____

To: _____

Subject: _____

HOME TEAM CAPTAIN: _____

VISITING TEAM CAPTAIN: _____

