



River City Billiards Association

4 PERSON 8-BALL SCORESHEET



DIVISION NAME

DATE: / /

HOME TEAM NAME							AWAY TEAM NAME						
AVG	FULL NAME	1	2	3	4	TOTAL	AVG	FULL NAME	1	2	3	4	TOTAL
1		B		B			5						
		1-5	1-6	1-7	1-8				B			B	
2		B		B			6						
		2-6	2-7	2-8	2-5				B			B	
3		B		B			7						
		3-7	3-8	3-5	3-6				B			B	
4		B		B			8						
		4-8	4-5	4-6	4-7				B			B	
Team AVG	TOTAL						Team AVG	TOTAL					
	HANDICAP (90%)							HANDICAP (90%)					
	TOTAL INC. HANDICAP							TOTAL INC. HANDICAP					
	CIRCLE ROUNDS WON	W	W	W	W	W		CIRCLE ROUNDS WON	W	W	W	W	W
SUBTRACT LOWER TEAM AVERAGE FROM HIGHER TEAM AVERAGE TO GET HANDICAP		AMOUNT \$ PAID					CAPTAIN'S SIGNATURES			40'S CLUB			
HIGHER TEAM AVERAGE		HOME					HOME						
- LOWER TEAM AVERAGE		AWAY					AWAY						
HANDICAP PER ROUND (90%)													

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

MEMO

Date: _____

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From: _____

To: _____

Subject: _____

