



# RIVER CITY BILLIARDS ASSOCIATION

## 5 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				6]					
		1-6	1-7	1-8	1-9				B			B	
	2]	B		B				7]					
		2-7	2-8	2-9	2-10				B			B	
	3]	B		B				8]					
		3-8	3-9	3-10	3-6				B			B	
	4]	B		B				9]					
		4-9	4-10	4-6	4-7				B			B	
	5]	B		B				10]					
		5-10	5-6	5-7	5-8				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: 402-331-7603

Date:

**MEMO**

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To:

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