



# RIVER CITY BILLIARDS ASSOCIATION

3 PERSON 9-BALL SCORESHEET



DIVISION NAME

DATE: / /

Home Team

Captains Signature :

AVG	PLAYER NAME	1	2	3	4	5	6	7	8	9	TOTAL
1		B		B		B		B		B	
		1-4	1-6	1-5	1-4	1-6	1-5	1-4	1-6	1-5	
2			B	B	B				B	B	
		2-5	2-4	2-6	2-5	2-4	2-6	2-5	2-4	2-6	
3		B				B	B	B			
		3-6	3-5	3-4	3-6	3-5	3-4	3-6	3-5	3-4	
Team		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%)	



Visiting Team

Captains Signature :

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

AMOUNT \$ PAID	
HOME	
AWAY	



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

From:  
To:  
Subject: