



MASTERS SCORESHEET

Week Number:
Team Number:

MATCH:
START TIME: _____
END TIME: _____

Home Team

Visiting Team

'N' BEFORE THE SKILL LEVEL=NOT PAID * BEFORE THE SKILL LEVEL = INCOMPLETE INFORMATION ON FILE.

T#	Player Name	Player #	9-Ball Games								9-O/S	9-B & R	8-Ball Games					8-O/B	8-B & R	Score
			1	2	3	4	5	6	7	8			1	2	3	4	5			

Points

FEES SECTION COMPLETED BY TEAM CAPTAIN	
WEEKLY DUES.....	\$30
OTHER.....	_____
PLUS ANNUAL DUES FOR THE FLOWING MEMBERS	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
CAPT INIT	TOTAL

Signed By Both Team Captains	_____	Capt #	_____
	_____	Capt #	_____

Next Scheduled Match Is Against

Please text a picture of all completed matches to (518) 312-9456.