



After Sheet is completed and signed, text a copy to 203.918.7331

8-Ball League Score Sheet

League Operator: Paul G. Narine
 CT-NY Metro Pool League
www.ctnybcapl.com
 203.918.7331
paulnarine@ctnybcapl.com

\$\$ Fees due/team	
Weekly	\$50
Team Fee (session)	
Memberships	
Misc	
Total Submitted	

Division: Stamford - CTNYBCAPL

Date: _____

Home Team:					
Rating	Name	1	2	3	Totals
1		B 1-6	1-7	B 1-8	
2		B 2-7	2-8	B 2-9	
3		B 3-8	3-9	B 3-10	
4		B 4-9	4-10	B 4-6	
5		B 5-10	5-6	B 5-7	
<p>← Total Team Rating - (Subtract lower team rating from higher team to determine round handicap)</p>					
	Score				
	Handicap				
	Total				
	Circle Rounds Won	W	W	W	W
Captain's Signature _____					

Visiting Team:						
Rating	Name	1	2	3	4	Totals
6		6-1	B 6-5	6-4		
7		7-2	B 7-1	7-5		
8		8-3	B 8-2	8-1		
9		9-4	B 9-3	9-2		
10		10-5	B 10-4	10-3		
<p>← Total Team Rating - (Subtract lower team rating from higher team to determine round handicap)</p>						
	Score					
	Handicap					
	Total					
	Circle Rounds Won	W	W	W		W
Captain's Signature _____						

ROUNDS WON	
ROUNDS LOST	
TOTAL POINTS	

ROUNDS WON	
ROUNDS LOST	
TOTAL POINTS	