



20 GAME FORMAT

DATE
 Month Day

Join our SML League Club



www.SMLentertainment.com info@SMLentertainment.com

SANCTION FEES PAID TONIGHT	HANDICAP H1 Player	TOTAL POINTS FOR	GAME	WIN	SCORE	ERO	10-0	1st
			1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SANCTION FEES PAID TONIGHT	HANDICAP SUB	TOTAL POINTS FOR	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SANCTION FEES PAID TONIGHT	HANDICAP H2 Player	TOTAL POINTS FOR	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SANCTION FEES PAID TONIGHT	HANDICAP SUB	TOTAL POINTS FOR	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SANCTION FEES PAID TONIGHT	HANDICAP H3 Player	TOTAL POINTS FOR	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SANCTION FEES PAID TONIGHT	HANDICAP SUB	TOTAL POINTS FOR	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SANCTION FEES PAID TONIGHT	HANDICAP H4 Player	TOTAL POINTS FOR	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SANCTION FEES PAID TONIGHT	HANDICAP SUB	TOTAL POINTS FOR	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SANCTION FEES PAID TONIGHT	HANDICAP H5 Player	TOTAL POINTS FOR	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SANCTION FEES PAID TONIGHT	HANDICAP SUB	TOTAL POINTS FOR	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL SANCTION FEES PAID TONIGHT			WEEKLY FEES			TOTAL ROUNDS (MAXIMUM 5)		
						WON		LOST

HOME TEAM NAME _____

SIGNATURE _____

HOME TEAM		VISITOR TEAM	
ROUND #1			
H1	<input type="checkbox"/>	B	V1
H2	<input type="checkbox"/>	B	V2
H3	<input type="checkbox"/>	B	V3
H4	<input type="checkbox"/>	B	V4
H5	<input type="checkbox"/>	B	V5
TEAM GAME POINTS		TEAM GAME POINTS	
HANDICAP		HANDICAP	
ROUND TOTAL POINTS		ROUND TOTAL POINTS	
ROUND #2			
H1	B	<input type="checkbox"/>	V2
H2	B	<input type="checkbox"/>	V3
H3	B	<input type="checkbox"/>	V4
H4	B	<input type="checkbox"/>	V5
H5	B	<input type="checkbox"/>	V1
TEAM GAME POINTS		TEAM GAME POINTS	
HANDICAP		HANDICAP	
ROUND TOTAL POINTS		ROUND TOTAL POINTS	
ROUND #3			
H1	<input type="checkbox"/>	B	V3
H2	<input type="checkbox"/>	B	V4
H3	<input type="checkbox"/>	B	V5
H4	<input type="checkbox"/>	B	V1
H5	<input type="checkbox"/>	B	V2
TEAM GAME POINTS		TEAM GAME POINTS	
HANDICAP		HANDICAP	
ROUND TOTAL POINTS		ROUND TOTAL POINTS	
ROUND #4			
H1	B	<input type="checkbox"/>	V4
H2	B	<input type="checkbox"/>	V5
H3	B	<input type="checkbox"/>	V1
H4	B	<input type="checkbox"/>	V2
H5	B	<input type="checkbox"/>	V3
TEAM GAME POINTS		TEAM GAME POINTS	
HANDICAP		HANDICAP	
ROUND TOTAL POINTS		ROUND TOTAL POINTS	

OVERALL TOTAL INCLUDING HANDICAP

White Copy-Office Yellow-Home Team Pink Copy-Visiting Team

SANCTION FEES PAID TONIGHT	HANDICAP V1 Player	TOTAL POINTS FOR	GAME	WIN	SCORE	ERO	10-0	1st
			1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SANCTION FEES PAID TONIGHT	HANDICAP SUB	TOTAL POINTS FOR	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SANCTION FEES PAID TONIGHT	HANDICAP V2 Player	TOTAL POINTS FOR	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SANCTION FEES PAID TONIGHT	HANDICAP SUB	TOTAL POINTS FOR	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SANCTION FEES PAID TONIGHT	HANDICAP V3 Player	TOTAL POINTS FOR	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SANCTION FEES PAID TONIGHT	HANDICAP SUB	TOTAL POINTS FOR	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SANCTION FEES PAID TONIGHT	HANDICAP V4 Player	TOTAL POINTS FOR	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SANCTION FEES PAID TONIGHT	HANDICAP SUB	TOTAL POINTS FOR	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SANCTION FEES PAID TONIGHT	HANDICAP V5 Player	TOTAL POINTS FOR	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SANCTION FEES PAID TONIGHT	HANDICAP SUB	TOTAL POINTS FOR	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL ROUNDS (MAXIMUM 5)			WEEKLY FEES			TOTAL SANCTION FEES PAID TONIGHT		
						WON		LOST

VISITOR TEAM NAME _____

SIGNATURE _____