

INTER-DISTRICT PLAYERS RECORD SHEET / HANDICAP



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PLAYERS NAME : ADDRESS:								•			TBA No:		
								:			PHONE:		
WEEK	DATE	No. GMS	GAME 1	GAME 2	GAME 3	SERIES	TOTAL SERIES	AVE.	н сар	PTS	TOTAL PTS	HIGH GAME	HIGH SERIES
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