



LEAGUE SCORE SHEET

FAILURE TO COMPLETE THIS FORM IN ITS ENTIRETY WILL RESULT IN FORFEITURE

*required fields are indicated by an asterisk

Date: _____ (MONDAY) (TUESDAY) (WEDNESDAY)

Team _____ vs. Team _____ Court Number: _____ Time: _____

RED / GREEN Team Name: _____

RED / GREEN Team Name: _____

GAME ONE Start Time: _____

RED 1 2 3 4 5 6 7 8 9 10 11 12 *Final Score:

GREEN 1 2 3 4 5 6 7 8 9 10 11 12 *Final Score:

*Game One - Winning Team: _____

GAME TWO Start Time: _____

RED 1 2 3 4 5 6 7 8 9 10 11 12 *Final Score:

GREEN 1 2 3 4 5 6 7 8 9 10 11 12 *Final Score:

*Game Two - Winning Team: _____

TONIGHT'S PLAYERS

(Status Codes: **R** Regular Rostered Player **A** Rostered Alternate **S** Substitute)

RED TEAM

*Players' Names

*Status

X

CAPTAIN: Sign here after verifying that all required (*)
scoresheet information is complete and accurate

GREEN TEAM

*Players' Names

*Status

X

CAPTAIN: Sign here after verifying that all required (*)
scoresheet information is complete and accurate