

G.S.M.H.L.Consolidated Sheet
Fill in this box Completely Every Match !!

Your Team Name: _____ Opponent: _____ Total Shoes: _____	Final Score <input style="width:50px; height:20px;" type="text"/>	Date of Match: _____ Place a check or an X in the correct box Out Div <input style="width:50px; height:20px;" type="checkbox"/> In Div <input style="width:50px; height:20px;" type="checkbox"/> Total Ringers: _____	Final Score <input style="width:50px; height:20px;" type="text"/>	Total Match % (optional) <input style="width:50px; height:20px;" type="text"/>
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Do Not Copy totals from the master sheet, use this sheet to add total shoes and ringers, then compare with master!

1	2	3	4	5
Shoes Rings	Shoes Rings	Shoes Rings	Shoes Rings	Shoes Rings
# Of Games Played	# Of Games Played	# Of Games Played	# Of Games Played	# Of Games Played
%	%	%	%	%
6	7	8	9	10
Shoes Rings	Shoes Rings	Shoes Rings	Shoes Rings	Shoes Rings
# Of Games Played	# Of Games Played	# Of Games Played	# Of Games Played	# Of Games Played
%	%	%	%	%
11	12	13	14	15
Shoes Rings	Shoes Rings	Shoes Rings	Shoes Rings	Shoes Rings
# Of Games Played	# Of Games Played	# Of Games Played	# Of Games Played	# Of Games Played
%	%	%	%	%
Shoes Rings	Shoes Rings	Shoes Rings	Shoes Rings	Shoes Rings
# Of Games Played	# Of Games Played	# Of Games Played	# Of Games Played	# Of Games Played
%	%	%	%	%

Attending Non-Throwers must sign under their name in the empty boxes

This sheet must be legible and filled in completely then checked with the Master Score Sheet !!!!

1st Offense 5 match pt. penalty , 2nd Offense 10 match pt. penalty for incomplete or incorrect sheet.