



NEW ENGLAND BILLIARD LEAGUE

8 BALL SCORE SHEET



LEAGUE NAME: Franklin 8-Ball

DATE: _____

HOME TEAM NAME: _____

VISITING TEAM NAME: _____

HCP	PLAYERS NAME	1	2	3	Over-All
1		/	/	/	POINTS
	Circle BR MPS	1-5	1-6	1-7	W L
2		/	/	/	POINTS
	Circle BR MPS	2-6	2-7	2-8	W L
3		/	/	/	POINTS
	Circle BR MPS	3-7	3-8	3-5	W L
4		/	/	/	POINTS
	Circle BR MPS	4-8	4-5	4-6	W L
	SUBSTITUTE PLAYER	/	/	/	POINTS
					W L
TEAM HCP	TOTAL POINTS				
	HANDICAP SPREAD				
TEAM HCP ROUNDED	Total Pts. plus Handicap				
	ENTER W-WIN, L-LOSE, T- TIE				

HCP	PLAYERS FULL NAME	1	2	3	Over-All
5		/	/	/	POINTS
	Circle BR MPS	1st	4th	3rd	W L
6		/	/	/	POINTS
	Circle BR MPS	2nd	1st	4th	W L
7		/	/	/	POINTS
	Circle BR MPS	3rd	2nd	1st	W L
8		/	/	/	POINTS
	Circle BR MPS	4th	3rd	2nd	W L
	SUBSTITUTE PLAYER	/	/	/	POINTS
					W L
TEAM HCP	TOTAL POINTS				
	HANDICAP SPREAD				
TEAM HCP ROUNDED	Total Pts. plus Handicap				
	ENTER W-WIN, L-LOSE, T- TIE				

FEES SECTION

Weekly Team Fees \$40
 Membership Dues \$25
 Captain's Dues Free

SUBTRACT LOWER TEAM
 HANDICAP FROM HIGHER TEAM
 HANDICAP TO GET HANDICAP
 SPREAD

Match
Rnds. Pts.

ANNUAL DUES PD	HIGHER TEAM HANDICAP		ROUNDS WON		
	LOWER TEAM HANDICAP		OVERALL (W or L)		
	HANDICAP SPREAD		TOTAL POINTS		

SPECIAL ACCOMPLISHMENTS AWARDS

MPS = Most Perfect Score (60)
BR = Break & Run

MVP _____

EACH ROUND= 2 POINT
OVERALL = 3 POINTS
TIE = split the points

Match
Rnds. Pts.

<i>Captain's Signatures</i>		ROUNDS WON		
Home: _____		OVERALL (W or L)		
Visitor: _____		TOTAL POINTS		

MAIL SIGNED SCORE SHEET & TEAM FEES IMMEDIATELY AFTER LEAGUE PLAY TO: NEBL PO Box 854 Bernardston, MA 01337

Contact: Brad Lewis Cell 413-768-8693