



LOCATION : \_\_\_\_\_

DATE : \_\_\_\_\_

Name \_\_\_\_\_

NASPA Membership No. \_\_\_\_\_ NASPA Rating \_\_\_\_\_

Round	Opponent's name	W	L	T	Your Score	Opp. Score	+/- Point-spread	Wins
<b>1</b> 1st 2nd	CONTESTANT NUMBER							
<b>2</b> 1st 2nd	CONTESTANT NUMBER							
<b>3</b> 1st 2nd	CONTESTANT NUMBER							
<b>4</b> 1st 2nd	CONTESTANT NUMBER							
<b>5</b> 1st 2nd	CONTESTANT NUMBER							
<b>6</b> 1st 2nd	CONTESTANT NUMBER							
<b>7</b> 1st 2nd	CONTESTANT NUMBER							
<b>8</b> 1st 2nd	CONTESTANT NUMBER							
<b>9</b> 1st 2nd	CONTESTANT NUMBER							
<b>10</b> 1st 2nd	CONTESTANT NUMBER							
<b>11</b> 1st 2nd	CONTESTANT NUMBER							
<b>12</b> 1st 2nd	CONTESTANT NUMBER							