

LOCATION : _____ DATE : _____

Name _____

NASPA Membership No. _____ NASPA Rating _____

Round	Opponent's name	W	L	T	Your Score	Opponent's Score	Plus/minus Point-spread	Record
1 1st 2nd	CONTESTANT NUMBER	W	L	T				
2 1st 2nd	CONTESTANT NUMBER	W	L	T		cumulative		
3 1st 2nd	CONTESTANT NUMBER	W	L	T		cumulative		
4 1st 2nd	CONTESTANT NUMBER	W	L	T		cumulative		
5 1st 2nd	CONTESTANT NUMBER	W	L	T		cumulative		
6 1st 2nd	CONTESTANT NUMBER	W	L	T		cumulative		
7 1st 2nd	CONTESTANT NUMBER	W	L	T		cumulative		
8 1st 2nd	CONTESTANT NUMBER	W	L	T		cumulative		