

LEAGUE: _____

LOCATION: _____

DATE: _____



EVENT OR WEEK# _____

OF PLAYERS: _____

(Please PRINT)

1st _____

2nd _____

3rd _____

4th _____

5th _____

6th _____

7th _____

8th _____

9th _____

10th _____

11th _____

12th _____

13th _____

14th _____

15th _____

16th _____

17th _____

18th _____

19th _____

20th _____

21st _____

22nd _____

23rd _____

24th _____

25th _____

26th _____

27th _____

28th _____

29th _____

30th _____

31st _____

32nd _____

33rd _____

Please post results to web site within 48 hours.

Please fax to 701-293-9408 for league files. Include check-in list of players (or seating grid).

Notes: _____
