

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

Your Team Name: _____	Final Score		
V.S. _____			
Opponent: _____			
Games Played: _____	Total Shoes: _____	Total Ringers: _____	Total Match % (optional) _____

Place a check or an X in the correct box

Out Div		In Div	
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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.