

Sign In

#	Name	Birdie	Par3
1		<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/>	<input type="checkbox"/>
8		<input type="checkbox"/>	<input type="checkbox"/>
9		<input type="checkbox"/>	<input type="checkbox"/>
10		<input type="checkbox"/>	<input type="checkbox"/>
11		<input type="checkbox"/>	<input type="checkbox"/>
12		<input type="checkbox"/>	<input type="checkbox"/>
13		<input type="checkbox"/>	<input type="checkbox"/>
14		<input type="checkbox"/>	<input type="checkbox"/>
15		<input type="checkbox"/>	<input type="checkbox"/>
16		<input type="checkbox"/>	<input type="checkbox"/>
17		<input type="checkbox"/>	<input type="checkbox"/>
18		<input type="checkbox"/>	<input type="checkbox"/>
19		<input type="checkbox"/>	<input type="checkbox"/>
20		<input type="checkbox"/>	<input type="checkbox"/>
21		<input type="checkbox"/>	<input type="checkbox"/>
22		<input type="checkbox"/>	<input type="checkbox"/>
23		<input type="checkbox"/>	<input type="checkbox"/>
24		<input type="checkbox"/>	<input type="checkbox"/>

ScoreSheet

Team#	\$Paid	Front	Back	Total
1				
2				
3				
4				
5				
6				
7				

#Players _____ \$Pot _____ \$Side _____

Birdies #Players _____ \$Pot _____

#1 _____ Pd	#10 _____ Pd
#2 _____ Pd	#11 _____ Pd
#3 _____ Pd	#12 _____ Pd
#4 _____ Pd	#13 _____ Pd
#5 _____ Pd	#14 _____ Pd
#6 _____ Pd	#15 _____ Pd
#7 _____ Pd	#16 _____ Pd
#8 _____ Pd	#17 _____ Pd
#9 _____ Pd	#18 _____ Pd

#Good _____ \$Each _____

Par3's #In _____ \$Pot _____ \$Each _____

#3 _____ Pd
#8 _____ Pd
#12 _____ Pd
#16 _____ Pd