

USBC LEAGUE STANDING SHEET – 8 OR LESS TEAMS



LEAGUE NAME _____ TELEPHONE _____
 LEAGUE PRESIDENT/OFFICIAL _____ TELEPHONE _____
 LEAGUE SECRETARY _____ TELEPHONE _____
 ASSOCIATION _____ WEEK OF _____

TEAM STANDINGS	HANDICAP	WON	LOST	%	TOTAL PINS	AVERAGE
1						
2						
3						
4						
5						
6						
7						
8						

SCRATCH	TEAM	SCORE	MALE	SCORE	FEMALE	SCORE
1st High Game						
2nd High Game						
3rd High Game						
1st High Series						
2nd High Series						
3rd High Series						

HANDICAP	TEAM	SCORE	MALE	SCORE	FEMALE	SCORE
1st High Game						
2nd High Game						
3rd High Game						
1st High Series						
2nd High Series						
3rd High Series						

On _____ (Date) I verified the Prize Fund Account deposited at _____ and found it to be correct.

Signature of League President/Official _____

INDIVIDUAL AVERAGES

NAME	TOTAL PINS	TOTAL GAMES	AVERAGE	NAME	TOTAL PINS	TOTAL GAMES	AVERAGE