



Team Name: _____
Division: _____
Night of Play: _____
Week #: _____

Please fill in team information box above to ensure your fee's & roster changes are credited to the correct team.

Handicapped 8 Ball SCORE SHEET
 Single Foul 8 Ball - BCAPL Rules

**** OFFICE USE ONLY ****
Team Paid: \$ _____

Handicap Calculator
 Higher Team Total Rating: _____
 Lower Team Total Rating: _____
 Handicap Per Round: _____

Subtract Lower Team Rating
 from Higher Team Rating
 to Determine Handicap

**Current Player Ratings Found on
 the Back of Stat Sheet.**

Away Team Name:

Rating	Players Name	Break Rnd. #1	Rnd. #2	Break Rnd. #3	Rnd. #4	Total Pts
A						
B						
C						
D						
E						
Total Team Rating	Round Points:					
	Team Handicap:					
	Total Including Handicap:					
	Circle Rounds Won:	W	W	W	W	W

Player Fees	Player Paid	BCAPL Fee's
\$10.00	\$	\$
\$10.00	\$	\$
\$10.00	\$	\$
\$10.00	\$	\$
\$10.00	\$	\$
\$50.00	\$	\$
Team Totals		

Away Team Captains Signature

Home Team Name:

Rating	Players Name	Break Rnd. #1	Rnd. #2	Break Rnd. #3	Rnd. #4	Total Pts
1						
2						
3						
4						
5						
Total Team Rating	Round Points:					
	Team Handicap:					
	Total Including Handicap:					
	Circle Rounds Won:	W	W	W	W	W

Player Fees	Player Paid	BCAPL Fee's
\$10.00	\$	\$
\$10.00	\$	\$
\$10.00	\$	\$
\$10.00	\$	\$
\$10.00	\$	\$
\$50.00	\$	\$
Team Totals		

Home Team Captains Signature

Game Rotation	Rnd. #1	Rnd. #2	Rnd. #3	Rnd. #4
Game #1	A vs 1	D vs 1	B vs 1	E vs 1
Game #2	B vs 2	E vs 2	C vs 2	A vs 2
Game #3	C vs 3	A vs 3	D vs 3	B vs 3
Game #4	D vs 4	B vs 4	E vs 4	C vs 4
Game #5	E vs 5	C vs 5	A vs 5	D vs 5

4 - 0 Winners

Player's Name: _____
 Player's Name: _____
 Player's Name: _____

Roster Changes

Add Player: _____
 Add Player: _____
 Drop Player: _____
 Drop Player: _____