



Scotch Doubles

Date: _____

HOME TEAM:										AWAY TEAM:												
\$ Paid	HCP	Name	Singles		Doubles					Total	HCP	Name	Singles		Doubles					Total	\$ Paid	
			1	2	3	4	5	6	7				1	2	3	4	5	6	7			
		1	B									3		B								
		2	B									4		B								
		Handicap Per Round																				
Team Total		Total Including Handicap									Team Total											

CAPTAIN'S SIGNATURE _____

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- * New players start as a 7 and should provide their full legal name, address, phone number, date of birth, and email address on the back of their team's scoresheet.
- * All players that are new to the league must pay \$25 in BCA yearly dues their first week. Those that have played in previous sessions with our league pay only \$20.
- * Paperwork drop-off location is Pub on Pearl (1101 S Pearl St -- box to the right of the jukebox). The away team is responsible for dropping off.
- * CODES: \$=NEED DUES, B=NEED BIRTHDAY, F=NEED LEGAL FIRST NAME, I=NEED ALL INFO

Contact: Jason Secor (720.275.8764)