Grp No	No Time:		Day:	Wednesday		Week:	
Name		Game 1	Game 2	Game 3	Total Points	Position	
		1					
Signed:			Signed:				
Grp No Time:			Day:	Wednesday		Week:	
N	ame	Game 1	Game 2	Game 3	Total Points	Position	
		1					
Signed:			Signed:				
Grp No	Time:		Day:	Wednesday		Week:	
Name		Game 1	Game 2	Game 3	Total Points	Position	
Signed:			Signed:				