Grp No	o Time:		Day:	Thursday		Week:	
Name		Game 1	Game 2	Game 3	Total Points	Position	
Signed:		•	Signed:				
Grp No	No Time:		Day:	Thursday		Week:	
Name		Game 1	Game 2	Game 3	Total Points	Position	
Signed:		1	Signed:				
Grp No	Time:		Day:	Thursday		Week:	
Name		Game 1	Game 2	Game 3	Total Points	Position	
Signed:			Signed:				