



VVS, INC.
 1-402-477-9757 Day
 1-888-267-5546 Day
 1-800-662-2924 (Night)
 1-402-477-9730 Fax

3 PLAYER / 9 GAME LEAGUE RECORD

DIVISION NAME: _____

Web Site: www.vvsleagues.com Date: _____



Line-up is determined by Blind Draw.

Important: Score sheet must be faxed to VVS when match is finished

HOME TEAM: _____ AVG. _____ VISITOR TEAM: _____ AVG. _____

ERO DEFINITION: (Eight Ball Run Out) 1) Must be your first trip to the table. 2) All 15 balls must be on the table when you begin your turn. This feat is listed on the stat sheet as "RO."

AVG	HOME LINE-UP	Individual Series Pts.	ERO
	H1		
	H2		
	H3		

AVG	VISITOR LINE-UP	Individual Series Pts.	ERO
	VV		
	V2		
	V3		

MATCH POINTS WON _____ TOTAL _____
 MATCH POINTS LOST _____ HDCP/ROUND X 3 _____
 8-BALL GAMES WON _____ TOTAL INC. HDCP _____

MATCH POINTS WON _____ TOTAL _____
 MATCH POINTS LOST _____ HDCP/ROUND X 3 _____
 8-BALL GAMES WON _____ TOTAL INC. HDCP _____

Captain's Signature _____

Captain's Signature _____

FIRST ROUND - HOME TEAM BREAKS

HOME PLAYER				ERO	POINTS	ACC. TM. SCORE	ACC. TM. SCORE	POINTS	ERO	VISITOR PLAYER		
H1										V1		
H2										V2		
H3										V3		
TEAM HANDICAP										TEAM HANDICAP		
1ST ROUND TOTAL										1ST ROUND TOTAL		

SECOND ROUND - VISITING TEAM BREAKS

HOME PLAYER				ERO	POINTS	ACC. TM. SCORE	ACC. TM. SCORE	POINTS	ERO	VISITOR PLAYER		
H1										V2		
H2										V3		
H3										V1		
TEAM HANDICAP										TEAM HANDICAP		
2ND ROUND TOTAL										2ND ROUND TOTAL		

THIRD ROUND - ALTERNATE BREAKS (Home team breaks first)

HOME PLAYER				ERO	POINTS	ACC. TM. SCORE	ACC. TM. SCORE	POINTS	ERO	VISITOR PLAYER		
H1										V3		
H2										V1		
H3										V2		
TEAM HANDICAP										TEAM HANDICAP		
3RD ROUND TOTAL										3RD ROUND TOTAL		