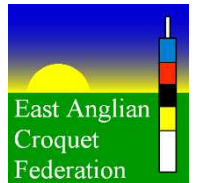


EACF GOLF CROQUET HANDICAP LEAGUE SCORE-SHEET

for play on 2 courts



Date

Home Team:- Away Team:-.....

H1 h/c	A1 h/c
H2 h/c	A2 h/c
H3 h/c	A3 h/c
H4 h/c	A4 h/c

COURT 1

COURT 2

Home hoops	Away hoops	Winner Home or Away		Home hoops	Away hoops	Winner Home or Away	
DOUBLES <i>to be played before Singles</i>							
+ +		<input type="checkbox"/>	<input type="checkbox"/>	+ +		<input type="checkbox"/>	<input type="checkbox"/>
SINGLES							
H1 A1		<input type="checkbox"/>	<input type="checkbox"/>	H3 A3		<input type="checkbox"/>	<input type="checkbox"/>
H2 A2		<input type="checkbox"/>	<input type="checkbox"/>	H4 A4		<input type="checkbox"/>	<input type="checkbox"/>
H3 A4		<input type="checkbox"/>	<input type="checkbox"/>	H1 A2		<input type="checkbox"/>	<input type="checkbox"/>
H4 A3		<input type="checkbox"/>	<input type="checkbox"/>	H2 A1		<input type="checkbox"/>	<input type="checkbox"/>
H1 A3		<input type="checkbox"/>	<input type="checkbox"/>	H3 A1		<input type="checkbox"/>	<input type="checkbox"/>
H2 A4		<input type="checkbox"/>	<input type="checkbox"/>	H4 A2		<input type="checkbox"/>	<input type="checkbox"/>
H3 A2		<input type="checkbox"/>	<input type="checkbox"/>	H1 A4		<input type="checkbox"/>	<input type="checkbox"/>
H4 A1		<input type="checkbox"/>	<input type="checkbox"/>	H2 A3		<input type="checkbox"/>	<input type="checkbox"/>
TOTALS				TOTALS			
H A	H A
<i>(p)</i>	<i>(q)</i>	<i>(r)</i>	<i>(s)</i>	<i>(w)</i>	<i>(x)</i>	<i>(y)</i>	<i>(z)</i>

HOME HOOPS WON $(p)+(w)$

AWAY HOOPS WON $(q)+(x)$

HOME GAMES WON $(r)+(y)$

AWAY GAMES WON $(s)+(z)$

WINNER

Return the completed form to Geoff Johnson, 15 Moor Lane, Rickmansworth, Herts, WD3 1LE, or (preferably) email a photograph or scan of it to geoff.f.johnson@gmail.com