

Player & Team				Player Initials (Both)	# OF ROUNDS COMPLETED	Did You Finish the Game?	WAS YOUR OPPONENTS ARMY FULLY PAINTED?
Round	Your Score	OPPONENTS Sports (0-2)	Opponents Player & Team Name				
1		Fill this					
2		out AFTER					
3		initialing					
4		off on					
5		other scores					
6		each round					
<b>Total Score</b>							

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