



Postal Bowling League Monthly Scorecard

Round One: (October/November)
Submission Deadline: Dec 9th 2016

Team Name: _____ **Club Name:** _____

		Bowlers					
Week	Games	1.	2.	3.	4.	5.	6.
1	1						
	2						
2	1						
	2						
3	1						
	2						
4	1						
	2						
Bowler Total:							
Bowler Average:							

- * Ramp bowlers must be indicated with an R beside their name
- * Bowling centre printout must be provided with monthly score sheets.

Please detail below reason for any athlete absenteeism's;

Athlete Name: _____ **Reason:** _____

I confirm that these scores are accurate and submitted in good faith and in line with the Special Olympics Leinster Postal Bowling League Rules _____ **(Head Coach)**.

For Official Use:

Scores Verified: _____

Team Monthly Average: _____

GMS Updated: _____



Postal Bowling League Monthly Scorecard

Round Two (January/February)
Submission Deadline: Feb 27th 2017

Team Name: _____ **Club Name:** _____

		Bowlers					
Week	Games	1.	2.	3.	4.	5.	6.
1	1						
	2						
2	1						
	2						
3	1						
	2						
4	1						
	2						
Bowler Total:							
Bowler Average:							

- * Ramp bowlers must be indicated with an R beside their name
- * Bowling centre printout must be provided with monthly score sheets.

Please detail below reason for any athlete absenteeism's;

Athlete Name: _____ **Reason:** _____

I confirm that these scores are accurate and submitted in good faith and in line with the Special Olympics Leinster Postal Bowling League Rules _____ **(Head Coach)**.

For Official Use:

Scores Verified: _____

Team Monthly Average: _____

GMS Updated: _____



Postal Bowling League Monthly Scorecard

Round Three (March/April)
Submission Deadline: April 7th 2017

Team Name: _____ **Club Name:** _____

		Bowlers					
Week	Games	1.	2.	3.	4.	5.	6.
1	1						
	2						
2	1						
	2						
3	1						
	2						
4	1						
	2						
Bowler Total:							
Bowler Average:							

- * Ramp bowlers must be indicated with an R beside their name
- * Bowling centre printout must be provided with monthly score sheets.

Please detail below reason for any athlete absenteeism's;

Athlete Name: _____ **Reason:** _____

I confirm that these scores are accurate and submitted in good faith and in line with the Special Olympics Leinster Postal Bowling League Rules _____ **(Head Coach)**.

For Official Use:

Scores Verified: _____

Team Monthly Average: _____

GMS Updated: _____



Postal Bowling League Monthly Scorecard

Round Four (April/May)

Submission Deadline: May 29th 2017

Team Name: _____ **Club Name:** _____

		Bowlers					
Week	Games	1.	2.	3.	4.	5.	6.
1	1						
	2						
2	1						
	2						
3	1						
	2						
4	1						
	2						
Bowler Total:							
Bowler Average:							

- * Ramp bowlers must be indicated with an R beside their name
- * Bowling centre printout must be provided with monthly score sheets.

Please detail below reason for any athlete absenteeism's;

Athlete Name:	Reason:
_____	_____
_____	_____

I confirm that these scores are accurate and submitted in good faith and in line with the Special Olympics Leinster Postal Bowling League Rules _____ **(Head Coach)**.

For Official Use:

Scores Verified: _____

Team Monthly Average: _____

GMS Updated: _____