

LEAGUE:				DAY:										DATE:														
SITE:		START TIME:												TERMINATION TIME:														
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1	2	3		ARE REQUIRED TO VERIFY THEIR TEAM'S WIN M NAME:												AME	1		2	3								
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TEAM NAME :																												
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Wins / Losses													Wins / Losses															
Manager's Signature												Offic	cial's	Manager's Signature I's Signature														