LWSP TOURNAMENT

Date: August _____ **Scheduled Start Time: _____** **Official Start Time: _____**

Home Team: _____ **Visitor_____** **Final Score _____**

Winning Team: _____

Player Name	1	2	3	4	5	6	7	8	

Please Return Score Card to HQ at Thompson
Competitive Division Please Text Final Score to Rachel 905-749-4666
Include: Your Name, Your Team, Opposing Team and Score.