

# KANSAS CITY OPEN

CENTER	GAMES	1 _____	2 _____	3 _____	HANDICAP	TOTAL
DATE		4 _____	5 _____	6 _____		

Lanes /	1	2	3	4	5	6	7	8	9	10
<b>FIRST BLOCK</b>	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>SECOND BLOCK</b>	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>CHAMPIONSHIP ROUND</b>	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0	0000 000 00 0
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

