

Name:
Tournament:

FFO#:
Date:

Round:				Color: <input type="radio"/>			
Opponent:							
Your score:				Opp. score:			

Round:				Color: <input type="radio"/>			
Opponent:							
Your score:				Opp. score:			

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Opponent:							
Your score:				Opp. score:			

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Your score:				Opp. score:			