

AREA **B**OSTON
A
TOURNEY

*Played
First*

PLAYER # _____ NAME _____

SCORE _____ SIGNATURE _____

OFFICIAL RESULT SLIP:

Please check each number carefully before signing to attest to the correctness of this form. Once signed by both players, changes may be made only with the consent of both players.

DIVISION _____

*Played
Second*

PLAYER # _____ NAME _____

ROUND _____

SCORE _____ SIGNATURE _____

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