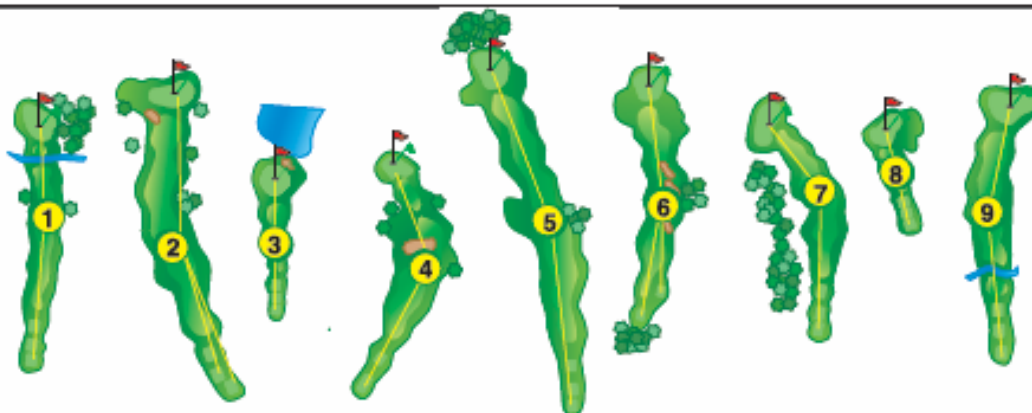


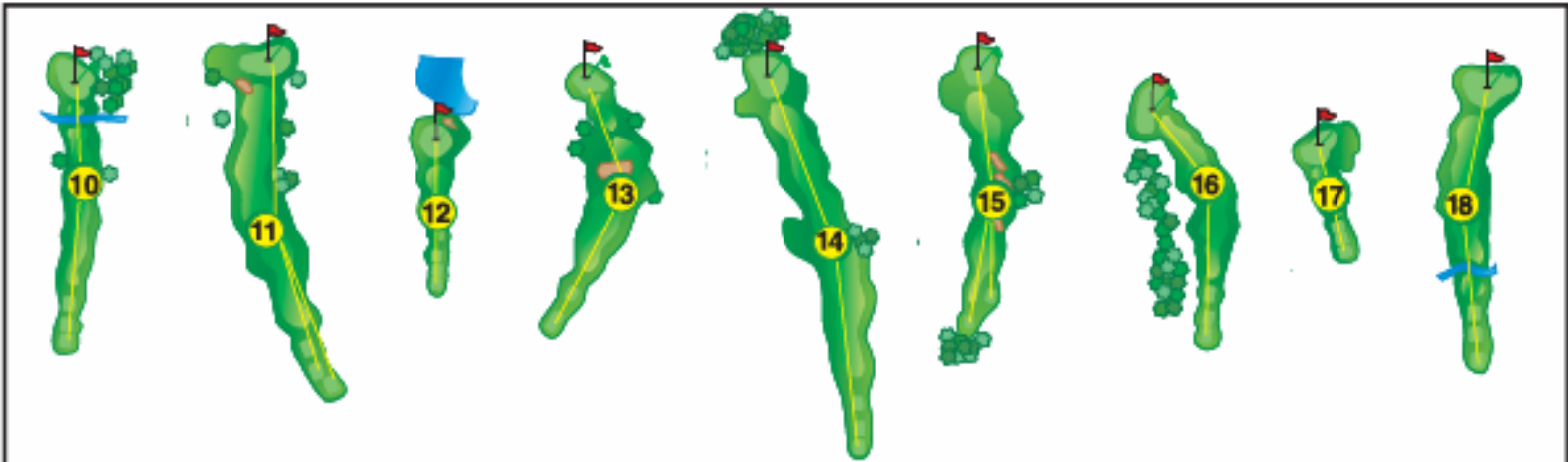


HOLE	1	2	3	4	5	6	7	8	9	Out
BLUE	510	485	155	305	530	185	330	140	407	3047
WHITE	360 391	455	145	289	505	287	305	130	373	2849 2880
RED	301 360	415	135	266	470	240 150	277	120	339	2563 2532
PAR	4 5	5	3	4	5	4 3	4	3	4	36
HANDICAP	5	11	13	15	7	17	3	9	1	

DATE _____

SCORER _____

ATTEST _____



10	11	12	13	14	15	16	17	18	In	Tot	Hcp	Net
510	485	155	305	530	185	330	140	407	3047	6094		
360 391	455	145	289	505	287	305	130	373	2849 2880	5698 5760		
301 360	415	135	266	470	240 150	277	120	339	2563 2532	5126 5064		
4 5	5	3	4	5	4 3	4	3	4	36	72		
6	12	14	16	8	18	4	10	2				