



NAME: _____

Date: _____

MY SCORE:

1st Hole		SHOT 1	_____	<input type="text"/>
		SHOT 2	_____	<input type="text"/>
		SHOT 3	_____	<input type="text"/>

2nd Hole		SHOT 1	_____	<input type="text"/>
		SHOT 2	_____	<input type="text"/>
		SHOT 3	_____	<input type="text"/>

3rd Hole		SHOT 1	_____	<input type="text"/>
		SHOT 2	_____	<input type="text"/>
		SHOT 3	_____	<input type="text"/>
		SHOT 4	_____	<input type="text"/>

4th Hole		SHOT 1	_____	<input type="text"/>
		SHOT 2	_____	<input type="text"/>
		SHOT 3	_____	<input type="text"/>
		SHOT 4	_____	<input type="text"/>

5th Hole		SHOT 1	_____	<input type="text"/>
		SHOT 2	_____	<input type="text"/>
		SHOT 3	_____	<input type="text"/>
		SHOT 4	_____	<input type="text"/>



6th Hole		SHOT 1	_____	<input type="radio"/>
		SHOT 2	_____	<input type="radio"/>
		SHOT 3	_____	<input type="radio"/>
		SHOT 4	_____	<input type="radio"/>
		PAR 4		

7th Hole		SHOT 1	_____	<input type="radio"/>
		SHOT 2	_____	<input type="radio"/>
		SHOT 3	_____	<input type="radio"/>
		SHOT 4	_____	<input type="radio"/>
		PAR 4		

8th Hole		SHOT 1	_____	<input type="radio"/>
		SHOT 2	_____	<input type="radio"/>
		SHOT 3	_____	<input type="radio"/>
		SHOT 4	_____	<input type="radio"/>
		PAR 4		

9th Hole		SHOT 1	_____	<input type="radio"/>
		SHOT 2	_____	<input type="radio"/>
		SHOT 3	_____	<input type="radio"/>
		SHOT 4	_____	<input type="radio"/>
		PAR 4		