SMAA Competitor Point Sparring Scorecard

Please Fill Out One Card For Each Division Entering.

Competitor Information – Please fill out completely.

SMAA COMPETITOR # | DIVISION #

LAST NAME

FIRST NAME

AGE | M | F | RANK - Nov | Int | Adv | BB

WEIGHT | STATE | COUNTRY

TEAM NAME

SCOREKEEPING

Opponents Initials	Round	Circle Points as Awarded	Circle One
_____	1.	1 2 3 4 5 6 7 8 9	W L
_____	2.	1 2 3 4 5 6 7 8 9	W L
_____	3.	1 2 3 4 5 6 7 8 9	W L
_____	4.	1 2 3 4 5 6 7 8 9	W L
_____	5.	1 2 3 4 5 6 7 8 9	W L
_____	6.	1 2 3 4 5 6 7 8 9	W L
_____	7.	1 2 3 4 5 6 7 8 9	W L
_____	8.	1 2 3 4 5 6 7 8 9	W L
_____	9.	1 2 3 4 5 6 7 8 9	W L
_____	10.	1 2 3 4 5 6 7 8 9	W L

Paid Stamp

_____ Lbs.

Weight Stamp

■

Sequence Order

Place Taken

SMAA Competitor Cont. Sparring Scorecard

Please Fill Out One Card For Each Division Entering.

Competitor Information – Please fill out completely.

SMAA COMPETITOR # | DIVISION #

LAST NAME

FIRST NAME

AGE | M | F | RANK - Nov | Int | Adv | BB

WEIGHT | STATE | COUNTRY

TEAM NAME

SCOREKEEPING

Opponents Initials	Round	Place Each Judges Score In Box	Circle One
_____	1.	#1 #1 #1	W L
	Penalties		
_____	2.	#1 #1 #1	W L
	Penalties		
_____	3.	#1 #1 #1	W L
	Penalties		
_____	4.	#1 #1 #1	W L
	Penalties		
_____	5.	#1 #1 #1	W L
	Penalties		
_____	6.	#1 #1 #1	W L
	Penalties		

Paid Stamp

_____ Lbs.

Weight Stamp

■

Sequence Order

Place Taken

Please Fill Out, Cut Out, and Submit (1) Forms Scorecard For EACH Forms Divisions You Are Entering. Teams Forms Competitors Submit Only (1) Scorecard Per Team.

SMAA Competitor Forms Scorecard

Please Fill Out One Card For Each Division Entering.

Competitor Information – Please fill out completely.

SMAA COMPETITOR # | DIVISION #

LAST NAME

FIRST NAME

AGE | M | F | RANK - Nov | Int | Adv | BB

WEIGHT | STATE | COUNTRY

TEAM NAME

SCOREKEEPING: Division / Run Off / Grand Champion

Round 1		TIE-VOTE
1	■	
2	■	
3	■	
4	■	
5	■	
Total	■	

Paid Stamp

■

Sequence Order

Place Taken

SMAA Competitor Forms Scorecard

Please Fill Out One Card For Each Division Entering.

Competitor Information – Please fill out completely.

SMAA COMPETITOR # | DIVISION #

LAST NAME

FIRST NAME

AGE | M | F | RANK - Nov | Int | Adv | BB

WEIGHT | STATE | COUNTRY

TEAM NAME

SCOREKEEPING: Division / Run Off / Grand Champion

Round 1		TIE-VOTE
1	■	
2	■	
3	■	
4	■	
5	■	
Total	■	

Paid Stamp

■

Sequence Order

Place Taken