

SCORE SHEET

FULL CONTACT / LOW-KICK

Bout nr: _____

Date: _____

Referee: _____

Place: _____

RED CORNER

BLUE CORNER

Name:	Score	Round Nr	Score	Name:
Nationality:	Score	Nr	Score	Nationality:
Remarks				Remarks
		1		
		2		
		3		
		4		
		5		
		Total		

Winner: _____

WP KO RSC RSC-H RSC-I Disq. WO AB Round: 1 2 3 4 5

Judge: _____

Nationality: _____

Signature: _____