

SCORE SHEET

FULL CONTACT / LOW-KICK

Bout nr: _____

Date: _____

Referee: _____

Place: _____

RED CORNER

BLUE CORNER

Name:	<input type="text"/>	Round	Name:	<input type="text"/>		
Nationality:	<input type="text"/>		Nationality:	<input type="text"/>		
Remarks		Score	Nr	Score	Remarks	

Score	Nr	Score
	1	
	2	
	3	
	4	
	5	
	6	
	7	
	Total	

Winner: _____

WP KO RSC RSC-H RSC-I Disq. WO AB Round: 1 2 3 4 5 6 7

Judge: _____

Nationality: _____

Signature: _____