



# Chess Score Sheet

WHITE:		DATE:	
BLACK:		PLACE/ EVENT:	
BOARD NUMBER:		NOTES:	
GAME LENGTH:		WHITE WON <input type="checkbox"/>	DRAW <input type="checkbox"/> BLACK WON <input type="checkbox"/>

TIME:		TIME:	
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1.		11.	
_____		_____	
2.		12.	
_____		_____	
3.		13.	
_____		_____	
4.		14.	
_____		_____	
5.		15.	

TIME:		TIME:	
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6.		16.	
_____		_____	
7.		17.	
_____		_____	
8.		18.	
_____		_____	
9.		19.	
_____		_____	
10.		20.	

TIME:		TIME:	
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TIME:

TIME:

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TIME:

TIME:

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TIME:

TIME: