

Event: _____ **Date:** _____ **Round:** _____

White: _____

Black: _____

Nr	White	Black	Nr	White	Black
1			31		
2			32		
3			33		
4			34		
5			35		
6			36		
7			37		
8			38		
9			39		
10			40		
11			41		
12			42		
13			43		
14			44		
15			45		
16			46		
17			47		
18			48		
19			49		
20			50		
21			51		
22			52		
23			53		
24			54		
25			55		
26			56		
27			57		
28			58		
29			59		
30			60		

Result	Signature
<input type="checkbox"/> White won	White:
<input type="checkbox"/> Draw	
<input type="checkbox"/> Black won	Black: