V JV

(Circle one)

Central Jersey Math League

Place

Team Score Sheet

Team:_____Coach:_____Date:_____Contest No._____

Student Name (grade)	1	2	3	4	5	6	7	8	9	10	Scores
Total for each Question											Sum of highest 3 scores

Validation:

Must be initialed below by official before contest ends.

Coach: Please sum the column for each question