





TOP LEFT		TYPE OF PRINT		GROUP	
		<input type="checkbox"/> B/W	A	<input type="checkbox"/>	
		<input type="checkbox"/> COL	B	<input type="checkbox"/>	
SCORING		<input type="checkbox"/> O/M	S	<input type="checkbox"/>	
HPY	EOY	DATE		COMP #	
Print#	Print#				
Score	Score	TITLE			
		(DESCR)			
Place	Place	MAKER			
		See RULES and GUIDE for more			
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SCORING		<input type="checkbox"/> O/M	S	<input type="checkbox"/>	
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