

MPC Skills Evaluation Policy

**Appendix 2: Competitive Games Scoring Summary

Members Name: _____ Date: _____

I am attempting to move to level _____

	Partner's name	My Score	Opposing Team Players' names	Opponent Score
Game 1				
Game 2				
Game 3				
My Total Points				
Participating Players		Signatures		

Please submit completed form to: Clinics.MPC@gmail.com