

ISCF MMA 5 ROUND MASTER BOUT SCORECARD

TITLE NAME: _____

EVENT NAME: _____ **DATE:** ____/____/____ **Country:** _____

Promoter: _____ **Event City:** _____ **St/Prov** _____

CIRCLE BOUT WEIGHTCLASS

STRAW WEIGHT FLY WEIGHT BANTAM WEIGHT FEATHER WEIGHT LIGHT WEIGHT WELTER WEIGHT MIDDLE WEIGHT LIGHT HEAVY WEIGHT CRUISER WEIGHT HEAVY WEIGHT SUPER HEAVY WEIGHT

FIGHTER A - RED CORNER: _____

FIGHTER B - BLUE CORNER: _____

ROUND	A	B		A	B		A	B
1	_____	_____	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____	_____	_____

OVERTIME IF DESIRED	_____	_____	_____	_____	_____	_____	_____	_____
OVERTIME IF DESIRED	_____	_____	_____	_____	_____	_____	_____	_____

ANY POINTS DEDUCTED	_____	_____	_____	_____	_____	_____	_____	_____
TOTALS	_____	_____	_____	_____	_____	_____	_____	_____

Judge A _____ **Scores** _____ - _____ **For** _____ **Corner**
Judge B _____ **Scores** _____ - _____ **For** _____ **Corner**
Judge C _____ **Scores** _____ - _____ **For** _____ **Corner**

Winner By _____ **In the** _____ **Corner**

*Stop Time At _____ Of Round _____

Scorekeeper Print Your Name: _____ **Scorekeeper Sign your Name:** _____