



Please fax to: **6735-1381**

Match Date: \_\_\_\_\_ Location: \_\_\_\_\_ Match ID: \_\_\_\_\_

HOME TEAM NAME:			AWAY TEAM NAME:		
#	Player Name	Card No (last 4 digit)	#	Player Name	Card No (last 4 digit)
1			1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		

Player No.	TOUHLIVE Rating		Legs Won	Match No. & Type (x01: Single in/ Master Out)		Player No.	TOUHLIVE Rating		Legs Won
	START	END					START	END	
				Part 1	SINGLES 501-501-501				
					SINGLES 701-701-701				
					SINGLES Half-IT x 3				
					SINGLES Shootout x 3				
				Part 2	DOUBLES 901-901-901				
					DOUBLES 701-Crk-701				
				Part 3	DOUBLES 701-Crk-Choice				
					DOUBLES Crk-Crk-Crk				
				Part 4	TRIOS 901-Crk-Choice				
TOTAL MATCH WON:				No player repeats within each part		TOTAL MATCH WON:			

Captain's Signature \_\_\_\_\_

Captain's Signature \_\_\_\_\_



Please fax within 1  
working day to :  
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Award Pins will be given to the Player who achieve the  
number of hits required within each Rating Group (refer to  
Super League Handbook for more details)

HOME TEAM NAME:						
Player's Name	No. of Hits					
	Hat Trick	Ton 80	3-A-Bed	White Horse	3-in-the-black	

AWAY TEAM NAME:						
Player's Name	No. of Hits					
	Hat Trick	Ton 80	3-A-Bed	White Horse	3-in-the-black	

Home Captain's Signature \_\_\_\_\_ Away Captain's Signature \_\_\_\_\_