



Please fax to: **6735-1381**

Match Date: _____ Location: _____ ROUND: _____

TEAM 1:			TEAM 2 :		
#	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 (Fz 701 – Dbl-in/out, Split Bull) (x01: Single in/ Master Out)	Player No.	TOUHLIVE Rating		Legs Won
	START	END				START	END	
				Part 1	SINGLES 501-Crk-501			
					SINGLES 701-Crk-701			
					SINGLES 701-Crk-701			
					SINGLES 701-Crk-Choice			
				Part 2	DOUBLES 701-701-701 (Fz)			
					DOUBLES 701-Crk-701			
				Part 3	DOUBLES Crk-Crk-Crk			
					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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Match Date: _____ Location: _____ Match ID: _____

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 _____