

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.	TOUCLIVE Rating		Legs Won	Part / Match Type / HCP	Player No.	TOUCLIVE Rating		Legs Won
	START	END				START	END	
				1	SINGLES 301-301-301			
					SINGLES 501-501-501			
					SINGLES 701-701-701			
				2	SINGLES 301-Crk-301			
					DOUBLES 501-Crk-501			
					DOUBLES 701-Crk-701			
				3	DOUBLES 501-Crk-Choice			
					DOUBLES 701-Crk-Choice			
				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 _____