

C FLIGHT



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		

Player No.	TOUHLIVE Rating		Legs Won	Part / Match Type (No rating limit. Handicap applies)	Player No.	TOUHLIVE Rating		Legs Won
	START	END				START	END	
				1	DOUBLES 501-501-501			
				2	DOUBLES 501-CRI-501			
				3	DOUBLES COUNT-UP			
				4	DOUBLES FREEZE 501-501-501			
				5	DOUBLES 701-CRI-Choice			
TOTAL MATCH WON:				TOTAL MATCH WON:				

>01 Games: Open In / Open Out

TouchLive Rating Check:

- >Player bust when the difference between Match End Rating & Match Start Rating is 0.31 & above.
- >When a winning team has a bust player, the Match won reversed and awarded to the opposing team.

Captain's Signature _____

Captain's Signature _____