

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)		Player No.	TOUHLIVE Rating		Legs Won
	START	END					START	END	
				1	DOUBLES 501-501-501				
				2	DOUBLES 501-Crk-501				
				3	DOUBLES Half-IT x 3				
				4	DOUBLES COUNTUP x 3				
				5	DOUBLES 701-Crk-Choice				
TOTAL MATCH WON:				Credit Per Team: 30 (\$15.00)		TOTAL MATCH WON:			

TouchLive Rating Check:

- >Player bust when the difference between Match End Rating & Match Start Rating is 0.36 & above.
- >When a winning team has a bust player, the Match won reversed and awarded to the opposing team.

Captain's Signature _____

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