

CC 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 901-901-901				
				2 DOUBLES 501-CRI-501				
				3 DOUBLES SURVIVOR				
				4 DOUBLES FREEZE 301-301-301				
				5 DOUBLES 701-CRI-Choice				
TOTAL MATCH WON:					TOTAL MATCH WON:			

>01 Games: Open In/Out
 >Freeze 01: Open In/Out; Bull 50/50

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 _____

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