

A 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 Crk-Crk-Crk					
				3				
			DOUBLES Half-IT x 3					
				4				
			DOUBLES ShootOut x 3					
				5				
			DOUBLES 701-701-701 Freeze					
TOTAL MATCH WON:				Credit Per Team: 42 (\$21.00)		TOTAL MATCH WON:		

>901 Games: Double In/Double Out/Split-Bull

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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