



Please fax to: **6735-1381**

SEASON 2

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.	TOUCLIVE Rating		Legs Won	Part / Match Type <u>No HCP</u>	Player No.	TOUCLIVE Rating		Legs Won	
	START	END				START	END		
				1					
	-	-		2		-	-		
	-	-					-	-	
				3					
				4					
				5					
TOTAL MATCH WON:				No player repeats within each part	TOTAL MATCH WON:				

Please Note for X01: 701 Freeze: Dbl-in/Out, Split Bull / Normal X01: Open in / Master Out

Captain's Signature _____

Captain's Signature _____