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Please fax to: 6735-1381

Card No (last 4 digit)

Match Date:		Location:	Match ID: _		
HOM	ME TEAM NAME:		AWAY	TEAM NAME:	
#	Player Name	Card No (last 4 digit)	#	Player Name	
1			1		
2			2		
3			3		
4			4		
5			5		

6

7

8

9

10					10					
Player	TOUCHLIVE Rating		Legs		Match No. & Type Handicap applies		Player No.	TOUCHLIVE Rating		Legs Won
No.	START	END	Won	(x01: Single in/ Master Out)		START		END		
					SINGLES   501-501-501   SINGLES   701-701-701   SINGLES					
				D						
				ar						
				Ť	-	IGLES				
				<b></b>	<b></b> 501-	Crk-501				
					-	IGLES				
					Crk-C	Crk-Crk				
						JBLES				
				Part 2						-
					901-901-901					
					DOUBLES					
					701-	Crk-701				
				Part 3	DO	JBLES				
					701-Crk-Choice				-	
					DOUBLES					
										-
					Crk-Crk	Crk-Crk				
				P						
				<u>a</u>	TRIOS					
				Ţ	901-C	rk-Choice				
				Part 4						
то	TOTAL MATCH WON:		No play	No player repeats within each part		TOTAL MATCH WON:				

Captain's Signature

Captain's Signature \_\_\_\_\_





Match Date: \_\_\_\_\_ Location: \_\_\_\_\_

Match ID: \_\_\_\_\_

Award Pins will be given to the Player who achieve the number of hits required within each Rating Group (refer to Super League Handbook for more details).

HOME TEAM NAME:					
	No. of Hits				
Player's Name	HAT TRICK	<b>TON 80</b>	3-A-BED	WHITE HORSE	3-IN-THE- BLACK

No. of Hits					
HAT TRICK	TON 80	3-A-BED	WHITE HORSE	3-IN-THE- BLACK	
				HAT TON 80 2-A RED WHITE	

Home Captain's Signature \_\_\_\_\_