



Please fax to: **6735-1381**

Match Da	ate:		Locat	ion:					Mate	ch ID: _		
HOME 1	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						
6						6						
7						7						
8						8						
9						9						
10						10						
Player No.			Legs Won	Part / M		latch Type / HCP		Player No.	TOUCHLIVE Rati		_	Legs Won
	START	END	VVOII			SINGLES		110.	START	END		
							01-301					
			_	_		SINGLES 501-501					_	
				2		SINGLES 701-701-701 SINGLES 301-Crk-301						
						DOUBLES 501-Crk-501 DOUBLES 701-Crk-701						
			_									
			<u> </u> 								 	
			-		5	DOUBLES 501-Crk-Choice						
			-	ω 7		DOUBLES 01-Crk-Choice						
			-	4	0		OS					

No player repeats within each part

Captain's Signature _____

TOTAL MATCH WON:

Captain's Signature _____

TOTAL MATCH WON:





Please fax within 1 working day to : 6735-1381

Match Date:	Location	on:		Match ID:								
	ward Pins will be g nber of hits requir Super League	ed within	each Ra	ting Group	o (refer t	0						
НОМ	E TEAM NAME:											
Diam	aula Niana	No. of Hits										
Play	er's Name	HAT TRICK	TON 80	3-A-BED	WHITE HORSE	3-IN-THE- BLACK						
AWA	Y TEAM NAME:											
Play	Player's Name	No. of Hits										
ı iay	er 3 Name	HAT TRICK	TON 80	3-A-BED	WHITE HORSE	3-IN-THE- BLACK						

Away Captain's Signature _____

Home Captain's Signature _____