B 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						
Play	C1	TOUCHLIVE Rating		Legs	Part /		Match Type		Player	TOUCHLIVE Ratio		Legs	
No	. 8	START	END	Won	(No r	ating	limit. Handicap)		No.	START	ENI)	Won
					1		DOUBLES						
							501-501-501						
					2	50		BLES I-Choice					
					3		DOUBLES HALF-IT x 3						
					4	7	DOUBLES 701-701-701						
					5	70		BLES I-Choice					
TOTAL MATCH WON:									TOTAL MATCH WON:				

>01 Games: Open In/ Out

<u>TouchLive Rating Check:</u>
>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.