

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		
6			6		

Player No.	TOUHLIVE Rating		Legs Won	Part / Match Type <u>No HCP</u>		Player No.	TOUHLIVE Rating		Legs Won
	START	END					START	END	
				DOUBLES 1	701-701-701 (Freeze)				
					701-Crk-Ch				
				SINGLES 2	Shootout x 3				
					701-Crk-701				
					701-Crk-Choice				
					Crk-Crk-Crk				
				DOUBLES 3	Half-IT x 3				
					Crk-Crk-Crk				
				TRIOS 4	1101-Crk-Choice				
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 _____



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working day to :
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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:					
Player's Name	No. of Hits				
	Hat Trick	Ton 80	3-A-Bed	White Horse	3-in-the-black

AWAY TEAM NAME:					
Player's Name	No. of Hits				
	Hat Trick	Ton 80	3-A-Bed	White Horse	3-in-the-black

Home Captain's Signature _____ Away Captain's Signature _____