



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		
7			7		
8			8		
9			9		
10			10		

Player No.	TOUHLIVE Rating		Legs Won	Part / Match Type (Rating Limit)	Player No.	TOUHLIVE Rating		Legs Won
	START	END				START	END	
				1				
				2				
				3				
				4				
TOTAL MATCH WON:				No player repeats within each part	TOTAL MATCH WON:			

Captain's Signature _____

Captain's Signature _____



Please fax within 1
working day to :
6735-1381

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:						
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 _____