



Please fax to: **6735-1381**

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

TEAM 1:			TEAM 2 :		
#	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	Match No. & Type & Rating Limit	Player No.	TOUHLIVE Rating		Legs Won
	START	END				START	END	
				<b>Part 1</b>				
				<b>Part 2</b>				
				<b>Part 3</b>				
<b>TOTAL MATCH WON:</b>				Total Credit Per Team: <b>\$16 (min); \$25 (max)</b>	<b>TOTAL MATCH WON:</b>			

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

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