

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>SINGLES</b> (12) 301-301-301				
					<b>DOUBLES</b> (22) 501-501-501				
					<b>DOUBLES</b> (24) 701-701-701				
				<b>Part 2</b>	<b>SINGLES</b> (13) 301-Crk-301				
					<b>DOUBLES</b> (22) 501-Crk-501				
					<b>DOUBLES</b> (24) 701-Crk-701				
				<b>Part 3</b>	<b>SINGLES</b> (13) 301-Crk-Ch				
					<b>DOUBLES</b> (24) 501-Crk-Choice				
					<b>DOUBLES</b> (36) 701-Crk-Choice				
<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 \_\_\_\_\_