



Please Email:

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flatch Date: Location:							Match ID:						
HOME TEAM NAME:						AWAY TEAM NAME:							
#	Pla	yer Name		Card No (last 4 digit)		#		Player Name			Card No (last 4 digit)		
1						1							
2						2							
3						3							
4						4							
5						5							
Player No.				Part /		Match Type Iimit. Handicap)		Player No.	TOUCHLIVE Ratin			Legs	
			_	1	5	DOUBLES 501-501-501 DOUBLES 501-CRI-501							
			-	2	5								
			-	3		DOUBLES Half It x 3							
			-	4	7	<b>DOUBLES</b> 701-701-701							
			-	5	50	<b>DOUBLES</b> 501-CRI-Choice							
T	TOTAL MATCH WON:				1		TOTAL MATCH WON			N:			

>01 Games: Open In/Out

## **TouchLive Rating Check:**

>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.

Captain's Signature	Captain's Signature