

B FLIGHT



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		

Player No.	Game Stats			Legs Won	Part	Match Type / No HCP	Player No.	Game Stats			Legs Won
					1	DOUBLES 501-501-501					
					2	SINGLES 501-CRI-501					
						SINGLES 501-CRI-Choice					
					3	DOUBLES STANDARD CRICKET x1					
					4	DOUBLES 501-501-501 (Fz)					
					5	DOUBLES Half-It x1					
					6	DOUBLES 701-Cri-Choice					
TOTAL MATCH WON:								TOTAL MATCH WON:			

Freeze x01 – Open In, Open Out, Bull 50/50
Normal x01 – Open In, Open Out

Please send completed form via fax to: 6735-1381 or Email to: league_sg@dartslive.com

Captain's Signature _____

Captain's Signature _____