



Please fax to: **6735-1381**
 Email: **league_sg@dartslive.cm**

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		

Player No.	Game Stats	Legs Won	Part / Match Type / HCP X01 – OI/OO (Unless stated) X01 (Fz) – OI/OO	Player No.	Game Stats	Legs Won	
			1 (Repeat of player allowed once)				
				DOUBLES 501-501-501			
				DOUBLES 701-701-701 (OI/MO)			
				DOUBLES 501-CRI-501			
			2 (repeat players not allowed)				
				DOUBLES CRI-501-CRI			
				SINGLES 501-501-501 (OI/MO)			
			3 (repeat players not allowed)				
				TRIOS HALF-IT x3			
				SINGLES CRI-501-CRI			
				DOUBLES 301-301-301 (Fz)			
				TRIOS 701-CRI-CH			
TOTAL MATCH WON:				TOTAL MATCH WON:			

Captain's Signature _____

Captain's Signature _____