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Please fax to: 6735-1381

Match Date: ____

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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				
9			9				
10			10				

Player No.	TOUCHLIVE Rating		Legs	Part	/ Match Type / HCP	Player	TOUCHLIVE Rating		Legs Won
	START	END	Won		21	No.	START	END	
					SINGLES 501-CRI-501				
				2	SINGLES 701-CRI-701				
			-		DOUBLES 901-901-901				
					SINGLES 701-CRI-Choice				
			-		DOUBLES 701-701-701				
			-		DOUBLES 901-CRI-901				
					DOUBLES CRI-CRI-CRI				
					DOUBLES CRI-CRI-CRI				
			-	4	TRIOS 1101-CRI-Choice				
TOTAL MATCH WON:		No player repeats within each part		TOTAL MATCH WON:					

Captain's Signature _____





Match Date: _____ Location: _____

Match ID: _____

Special Award DARTSLIVE CARD will be given to the Player with the highest no. of hits in each Division. i.e. by Division, not by Rating or Flight.

HOME TEAM NAME:					
	No. of Hits				
Player's Name	HAT TRICK	TON 80	3-A-BED	WHITE HORSE	3-IN- THE- BLACK

AWAY TEAM NAME:						
	No. of Hits					
Player's Name	HAT TRICK	TON 80	3-A-BED	WHITE HORSE	3-IN- THE- BLACK	
		1				

Home Captain's Signature