



Please fax to: **6735-1381**

Captain's Signature _____

Match D	ate:		Locat	ion:					Mate	ch ID: _		
HOME TEAM NAME:					AWAY	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					6						
7						7						
8						8						
9						9						
10						10						
Player No.	TOUGH IVE Badan			<u> </u>				DI	TOUCHLIVE Rati		_	Legs
	TOUCHLIVE Rating START END		Legs Won	Part / Ma		atch Type / HCP		Player No.	START	VE Katin END	y	Won
	017411					SINGLES			017.11.11			
				_	301-301-301 SINGLES							
				-		501-501-501 SINGLES 701-701-701 SINGLES						
						301-Crk-301						
						DOUBLES 501-Crk-501						
				N								
					DOUBLES							
						701-Crk-701 DOUBLES 501-Crk-Choice DOUBLES 701-Crk-Choice						
					5							
				ယ								
					7							
					TRIOS							
				4								
			-			901-Crk-Choice						
				No pl	aver	repea	ts within					
TOTAL MATCH WON:				No player repeats within each part				TOTAL MATCH WON:				

Captain's Signature _____





Please fax within 1 working day to : **6735-1381**

Match Date: Loc	ation:		Match ID:								
Special Award DARTSLIVE MEMBERS 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	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	=.										
AVAT TEAM NAME	- ·	No. of Hits									
Player's Name	Hat Trick	Ton 80	3-A-Bed	White	3-in-the- black						
				Horse	DIACK						