



Please fax to: **6735-1381**Email: **league\_sg@dartslive.cm** 

Match Date: Location:		Location:		Mato	ch 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/MO X01 (Fz) – DBL IN/OUT, 25/50		Player No.	Game Stats	Legs Won
				SINGLES			
				501-501-501 SINGLES			
				701-701-701			
				<b>DOUBLES</b> 901-901-901			
			N	DOUBLES CRI-701-CRI			
				DOUBLES 901-CRI-901			
			ယ	<b>DOUBLES</b> CRI-CRI-CRI			
				<b>DOUBLES</b> 701-701-701 (Fz)			
				SINGLES 701-CRI-Choice			
			4	TRIOS 1101-CRI-Choice			
ТО	FAL MATCH WON:		No player repeats within each part TOTAL MATCH WON:				

Captain's Signature	Captain's Signature





Please fax within 1 working day to : 6735-1381

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	

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Home Captain's Signature	Away Captain's Signature
TOTAL Captain's Cignature	Away Captain's Cignature