

# C 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		

Player No.	Game Stats			Legs Won	Part / Match Type / No HCP	Player No.	Game Stats			Legs Won
					<b>DOUBLES</b> 301-301-301					
					<b>DOUBLES</b> 501-Cri-501					
					<b>DOUBLES</b> 501-501-501					
					<b>DOUBLES</b> Survivor					
					<b>DOUBLES</b> 501-Cri-Choice					
<b>TOTAL MATCH WON:</b>						<b>TOTAL MATCH WON:</b>				

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 \_\_\_\_\_

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