

Match Date: _____ Location: _____

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	Player No.	Game Stats			Legs Won
					1 DOUBLES 701-701-701					
					2 DOUBLES CRI-CRI-CRI					
					3 DOUBLES Shoot Out x 3					
					4 DOUBLES FREEZE 701-701-701					
					5 DOUBLES 701-CRI-Choice					
TOTAL MATCH WON:						TOTAL MATCH WON:				

>01 Games: Open In/Master Out

>Freeze 01: Open In/Master Out; Bull 50/50

>When the match is played offline, there is no handicap or bust rule.

Kindly email completed form to hendry.yapriadi@darts-nation.com within 3 working days after the game.

Captain's Signature _____

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