



Please email the scoresheet to your respective representative in your region.

REGION:

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		
5			5		

Player No.	Game Stats			Legs Won	Part / Match Type / <u>No HCP</u>	Player No.	Game Stats			Legs Won
				1	SINGLES (OI/DO) 501-501-501					
					SINGLES (OI/MO) 701-CRI-701					
					SINGLES(OI/MO) 701-CRI-Choice					
				2	DOUBLES(OI/MO) 701-CRI-701					
					DOUBLES (MASTER) HALF-IT x3					
					DOUBLES (DBI/DLO,25/50) 501 (Freeze)					
				3	DOUBLES (OI/MO) CRI-501-CRI					
					DOUBLES(OI/MO) CRI-701-CRI					
				4	TRIOS (OI/MO) 901-CRI-901					
TOTAL MATCH WON:					No player repeats within each part	TOTAL MATCH WON:				

Home Captain's Signature _____

Away Captain's Signature _____