

# Novice



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
					1	<b>DOUBLES</b> 301-301-301					
					2	<b>SINGLES</b> 301-CRI-301 <b>SINGLES</b> 301-CRI-Choice					
					3	<b>DOUBLES</b> STANDARD CRICKET x1					
					4	<b>DOUBLES</b> 301-301-301 (Fz)					
					5	<b>DOUBLES</b> Half-It x1					
					6	<b>DOUBLES</b> 501-Cri-Choice					
<b>TOTAL MATCH WON:</b>								<b>TOTAL MATCH WON:</b>			

Freeze x01 – Open In, Open Out, Bull 50/50  
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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