



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

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		
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
			<b>1</b> (Repeat of player allowed once)		<b>DOUBLES</b> 701-701-701	
					<b>DOUBLES SHOOT OUT</b> x3	
					<b>DOUBLES</b> 701-CRI-701	
					<b>DOUBLES</b> 701-CRI-CH	
			<b>2</b> (repeat players not allowed)		<b>SINGLES</b> 501-501-501	
					<b>TRIOS</b> HALF-IT x3 (Master Mode)	
					<b>SINGLES</b> CRI-701-CRI	
			<b>3</b> (repeat players not allowed)		<b>DOUBLES</b> 501-501-501 (Fz)	
					<b>TRIOS</b> 701-CRI-CH	
<b>TOTAL MATCH WON:</b>				<b>TOTAL MATCH WON:</b>		

Captain's Signature \_\_\_\_\_

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