



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

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) – OI/MO		Player No.	Game Stats	Legs Won
			1 (Repeat of player allowed once)	<b>DOUBLES</b> 501-501-501			
				<b>DOUBLES</b> 701-701-701			
				<b>DOUBLES</b> 501-CRI-501			
				<b>DOUBLES</b> CRI-701-CRI			
			2 (repeat players not allowed)	<b>SINGLES</b> 501-501-501			
				<b>TRIOS</b> HALF-IT x3 (Master Mode)			
				<b>SINGLES</b> CRI-501-CRI			
			3 (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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