

CC FLIGHT



Please Email:
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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.	STATS			Legs Won	Part / Match Type (No rating limit. Handicap)	Player No.	STATS			Legs Won
					1 DOUBLES 501-501-501					
					2 DOUBLES 501-CRI-501					
					3 DOUBLES Half It x 3					
					4 DOUBLES FREEZE 301-301-301					
					5 DOUBLES 501-CRI-Choice					
TOTAL MATCH WON:						TOTAL MATCH WON:				

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

Captain's Signature _____

Captain's Signature _____