



Please fax to: **6735-1381**

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		
9			9		
10			10		

Player No.	TOUHLIVE Rating		Legs Won	Part / Match Type / HCP	Player No.	TOUHLIVE Rating		Legs Won	
	START	END				START	END		
				1					
					SINGLES 501-501-501				
					SINGLES 701-701-701				
				2					
					DOUBLES 701-CRI-701				
					SINGLES CRI-CRI-CRI				
				3					
					DOUBLES 901-901-901				
					DOUBLES 901-CRI-901				
				4					
					DOUBLES 701-CRI-Choice				
				4					
					DOUBLES CRI-CRI-CRI				
				4					
					TRIOS 901-CRI-Choice				
TOTAL MATCH WON:				No player repeats within each part	TOTAL MATCH WON:				

Captain's Signature _____

Captain's Signature _____



Please fax within 1 working day to :
6735-1381

Match Date: _____ Location: _____ Match ID: _____

Special Award DARTSLIVE CARD will be given to the Player with the highest no. of hits in each Division.
i.e. by Division, not by Rating or Flight.

HOME TEAM NAME:					
Player's Name	No. of Hits				
	HAT TRICK	TON 80	3-A-BED	WHITE HORSE	3-IN-THE-BLACK

AWAY TEAM NAME:					
Player's Name	No. of Hits				
	HAT TRICK	TON 80	3-A-BED	WHITE HORSE	3-IN-THE-BLACK

Home Captain's Signature _____ Away Captain's Signature _____