S3 DIVISION

SUPER LEAGUE 10 SINGAPORE made in DARTSLIVE SEASON

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.	TOUCHLIVE Rating		Legs Won	Part / Match Type / HCP		Player No.	TOUCHLIVE Rating		Legs Won
	START	END					START	END	
				1	**SINGLES** 301-301-301				
					SINGLES 501-501-501				
					DOUBLES 701-701-701				
				2	**SINGLES** 301-CRI-301				
					DOUBLES 501-CRI-501				
					DOUBLES 701-CRI-701				
				3	**DOUBLES** 501-CRI-Choice				
					DOUBLES 701-CRI-Choice				
				4	**TRIOS** 901-CRI-Choice				
TOTAL MATCH WON:				**No player repeats within each part**		**TOTAL MATCH WON:**			

Captain's Signature _____ Captain's Signature _____

S4 DIVISION

SUPER LEAGUE 10 SINGAPORE made in DARTSLIVE SEASON

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 _____