



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		

Player No.	Game Stats	Legs Won	Part / Match Type / HCP X01 – OI/OO		Player No.	Game Stats	Legs Won
			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 _____



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 _____