



Please fax to: **6735-1381**  
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Match Date: \_\_\_\_\_ Location: \_\_\_\_\_

HOME TEAM NAME:						AWAY TEAM NAME:							
#	Player Name	Awards					#	Player Name	Awards				
		HAT TRICK	TON 80	3-in-a-BED	WHITE HORSE	3-in-the BLACK			HAT TRICK	TON 80	3-in-a-BED	WHITE HORSE	3-in-the BLACK
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 (Rating Limit)	Player No.	TouchLive Rating		Legs Won
	START	END				START	END	
			<b>1</b>	<b>SINGLES</b> (12) 501-501-501				
				<b>DOUBLES</b> (22) 701-701-701				
				<b>DOUBLES</b> (24) 901-901-901				
			<b>2</b>	<b>SINGLES</b> (13) 3 x Shootout				
				<b>DOUBLES</b> (22) 701-Crk-701				
				<b>DOUBLES</b> (24) 3 x Half-it				
			<b>3</b>	<b>SINGLES</b> (13) 501-Crk-Choice				
				<b>DOUBLES</b> (24) 701-Crk-Choice				
			<b>4</b>	<b>TRIOS</b> (36) 901-Crk-Choice				
<b>TOTAL GAMES WON:</b>				<b>MASTER OUT</b> (No repeat players in any one part)	<b>TOTAL GAMES WON:</b>			

Home Captain's Signature \_\_\_\_\_ Away Captain's Signature \_\_\_\_\_