

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 / (Rating Limit)		Player No.	TOUHLIVE Rating		Legs Won
	START	END					START	END	
				1	SINGLES (6) 301-301-301				
					DOUBLES (13) 501-501-501				
					DOUBLES (15) 701-701-701				
				2	SINGLES (7) 301-Crk-301				
					DOUBLES (13) 501-Crk-501				
					DOUBLES (15) 701-Crk-701				
				3	SINGLES (9) 301-Crk-Choice				
					DOUBLES (16) 501-Crk-Choice				
				4	TRIOS (22) 901-Crk-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 :
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Match Date: _____ Location: _____ Match ID: _____

Special Award DARTSLIVE MEMBERS 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 _____