



Match Date: _____ Location: _____ Group: _____

| 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 | | |

| Player No. | Game Stats | | | Legs Won | Match Type | Player No. | Game Stats | | | Legs Won |
|-------------------------|------------|--|--|----------|----------------------------------|-------------------------|------------|--|--|----------|
| | | | | | SINGLES 501-501-501 | | | | | |
| | | | | | DOUBLES 701-701-701 | | | | | |
| | | | | | SINGLES 501-CRI-501 | | | | | |
| | | | | | DOUBLES Half It x 3 | | | | | |
| | | | | | SINGLES CRI-CRI-CRI | | | | | |
| | | | | | SINGLES 701-CRI-701 | | | | | |
| | | | | | DOUBLES 701-CRI-Choice | | | | | |
| TOTAL MATCH WON: | | | | | | TOTAL MATCH WON: | | | | |

>01 Games: Open In/Open Out

>When the match is played offline, there is no handicap or bust rule.

Kindly email completed form to bdartsbrunei@gmail.com within 3 working days after the game.

Captain's Signature _____

Captain's Signature _____