

BB FLIGHT



Match Date: _____ Location: _____

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	Part / Match Type	Player No.	Game Stats		Legs Won
	START	END				START	END	
				1	DOUBLES 501-501-501			
				2	DOUBLES Cri-Cri-Cri			
				3	DOUBLES Half-it x 3			
				4	DOUBLES FREEZE 501-501-501			
				5	DOUBLES 501-CRI-Choice			
TOTAL MATCH WON:						TOTAL MATCH WON:		

>01 Games: Open In/Out

>Freeze 01: Open In/Open Out; Bull 50/50

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

Kindly email completed form to hendry.yapriadi@darts-nation.com within 3 working days after the game.

Captain's Signature _____

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