

B 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
					1 DOUBLES 501-501-501					
					2 DOUBLES 501-Cri-Choice					
					3 DOUBLES Half-it x 3					
					4 DOUBLES FREEZE 501-501-501					
					5 DOUBLES 701-CRI-Choice					
TOTAL MATCH WON:						TOTAL MATCH WON:				

>01 Games: Open In/Out

>Freeze 01: Open In/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.

Home Captain's Signature _____

Away Captain's Signature _____