

ILLAWARRA DISTRICT DARTS ASSOCIATION - RESULT SHEET

Email: recorder@illawarradistrictdartsassociation.com

1. **THE HOME TEAM** must bring a result sheet, complete their side & hand to the away team by 7.15pm.
2. Captains must **WRITE THE FULL NAME OF EVERY PLAYER** on their first match (first and last name)
3. **THE WINNING TEAM** must send the results sheet to the Recorder **within 48hrs** of match completion
4. **NEW REGISTRATIONS** to be written on the back of the sheet: Full Name; Address; Mobile; Member Number;
5. **ALL DETAILS/NAMES MUST BE COMPLETED IN FULL OR LOSE 2 COMPETITION POINTS** (1 warning per team)

Rego = \$10 per player per year / Capitation = \$6 per player per game

Competition: (circle) BILL CROSS / FRED DUNWELL

Grade: (circle) A B C

Venue: _____

Date: ____/____/____ Round: ____ / 15

Home Team: _____

Away Team: _____

Captain: _____

Captain: _____

No. of Players: _____ Life Members: _____

No. of Players: _____ Life Members: _____

501 SINGLES (best of 5 legs)	1			1		
	2			2		
	3			3		
	4			4		
	5			5		
	6			6		

501 PAIRS (Best of 5)					

501 SINGLES (best of 5 legs)	1			6		
	2			5		
	3			4		
	4			3		
	5			2		
	6			1		
SCORE				SCORE		

Match Won By: _____

HOME TEAM 171-180 + FINISHES + MENTIONS:

AWAY TEAM 171-180 + FINISHES + MENTIONS:

HOME TEAM MVP (select from away team)

AWAY TEAM MVP (select from home team)

3: _____ 2: _____ 1: _____

3: _____ 2: _____ 1: _____

Captains Signature:

(Home Team) _____

Captain Signature:

(Away Team) _____