

YOUR TEAM	OPPOSITION	
4's (TEAMS)	(PUT UP) HOME	W/L
1		
2		
3		
4		

1ST DOUBLES	VISITORS	
1		
2		

2ND DOUBLES	HOME	
3		
4		

1ST SINGLES	VISITORS	
1		

2ND SINGLES	HOME	
2		

3RD REVERSE	VISITORS	
5		
6		

4TH REVERSE	HOME	
7		
8		

3RD SINGLES	VISITORS	
3		

4TH SINGLES	HOME	
4		

DATE / /	YOUR SCORE	OPP. SCORE
RESULT: WIN/LOSS		

YOUR TEAM: _____ OPPONENT: _____

S.S.D.A. DIVISION: _____ PLAYED AT: _____

PLAYERS FULL NAME	SIGNATURE	TOTAL SCORE	TOTAL DARTS

E-MAIL to sutherlandshiredarts@yahoo.com.au

IF RESULT PHONED IN, SHEETS Must still be EMAILED

NOTE: A 1 POINT PENALTY WILL BE IMPOSED FOR LATE OR INCOMPLETE SHEETS.

OPPOSITION CAPTAINS SIGNATURE: _____

COMMENTS, 180'S, NEW PLAYERS ETC.: _____