



Please email the scoresheet to your respective representative in your region.
 REGION: _____

Match Date: _____ Location: _____ Match ID: _____

HOME TEAM NAME:			AWAY TEAM NAME:		
#	Player Name	Card (last 4 digit)	#	Player Name	Card (last 4 digit)
1			1		
2			2		
3			3		
4			4		
5			5		

Player No.	Game Stats			Legs Won	Part-Game-Match Type Game Format	Player No.	Game Stats			Legs Won
					Part 1-Game 1- Singles 701-701-701(OI/MO)					
					Part 1-Game 2- Singles CRI-701-CRI(OI/MO)					
					Part 1-Game 3- Singles 701-CRI-CHOICE(OI/MO)					
					Part 2-Game 4-Doubles CRI-701-CRI(OI/MO)					
					Part 2-Game 5-Doubles 901-CRI-CHOICE (OI/MO)					
					Part 2-Game 6- Doubles HALF IF x3(Master Mode)					
					Part 3-Game 7-Trios 1101-1101-1101-(OI/MO)					
Total Match Won :					Repeat of player allowed once in part 2	Total Match Won :				

*Handicap, Bust Rule and Game Awards are not applicable during offline league games

Home Team Captain's Signature

Away Team Captain's Signature