



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		
6			6		

Player No.	Game Stats			Legs Won	Part-Game-Match Type Game Format	Player No.	Game Stats			Legs Won
					Part 1-Game 1- Singles 501-501-501(OI/OO)					
					Part 1-Game 2- Singles 701-701-701(OI/OO)					
					Part 1-Game 3- Doubles 701-CRI-701(OI/OO)					
					Part 2-Game 4-Doubles CRI-501-CRI(OI/OO)					
					Part 2-Game 5-Singles 501-CRI-501(OI/OO)					
					Part 2-Game 6- Trios HALF IT x3(Normal Mode)					
					Part 2-Game 7- Doubles 501 FREEZE x3 (OI/OO)					
					Part 3-Game 8- Singles 501-CRI-501(OI/OO)					
					Part 3-Game 9-Trios 901-901-901-(OI/OO)					
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