

TWIN CITY DARTS ASSOCIATION TRIPLES LEAGUE SCORE SHEET

DATE _____ PUB _____ DIVISION _____

HOME TEAM _____

VISITING TEAM _____

PLAYER #	NAME	MEMBER #
1		
2		
3		

PLAYER #	NAME	MEMBER #
1		
2		
3		

SCHEDULE AND RESULTS

1 & 2			501 S-D 2 of 3 Legs			1 & 2
2 & 3			501 S-D 2 of 3 Legs			2 & 3
1 & 3			501 S-D 2 of 3 Legs			1 & 3

1			301 D-D 1 Leg			2
2			301 D-D 1 Leg			1
3			301 D-D 1 Leg			3
1			301 D-D 1 Leg			1
2			301 D-D 1 Leg			3
3			301 D-D 1 Leg			2

1			501 S-D 1 Leg			3
2			501 S-D 1 Leg			2
3			501 S-D 1 Leg			1

1 & 2 & 3			Minnesota Cricket			1 & 2 & 3
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HOME CAPTAIN'S SIGNATURE _____

VISITING CAPTAIN'S SIGNATURE _____

Report on back of this score sheet: 1. Scores of 95 and Over with the Person's Name.
2. High On's and Out's of 100 and Over with the Person's Name.

Home Team Captain is Responsible for **Phoning** Results to Divisional Advisor the Following Morning **and** Mailing Scoresheet on Game Night to: **TCDA, P.O. 583133, Minneapolis, MN 55458** (Penalty for Failure to Comply)