



APPLICATION FOR CHANGE

FLIGHT		☐ A ☐ BB ☐ B ☐ CC ☐ C	
TEAM NAME			
NAME OF CAPTAIN			MOBILE:
TYPE OF CHANGE		☐ Replace Current Player ☐ Add New Player ☐ Change Card Details ☐ Others	
REASON(S) FOR REQUEST*		☐ Reason for leaving ☐ Lost Existing Card	
New Player Details (for player replacement or addition)	Player Details	FULL NAME: (name without surname will be rejected)	
		Email: _____	
		Mobile: _____	NRIC/FIN: _____
	Card Details	Card ID: _____	
		Rating: _____	
Card Details (for card replacement)	Old Card ID		
	New Card ID		
		Card Name: _____	

CAPTAIN'S SIGNATURE _____

DATE OF SUBMISSION _____

Please fax the form to DARTSLIVE at Fax No.: **6735-1381**, or email the form to : **league@dartslive.sg**

FOR OFFICIAL USE ONLY

Verified By: _____ **(League Master)** **Date:** _____