



APPLICATION FOR CHANGE

DIVISION	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
TEAM NAME			
NAME OF CAPTAIN			MOBILE:
TYPE OF CHANGE	<input type="checkbox"/> Replace Current Player <input type="checkbox"/> Add New Player <input type="checkbox"/> Change Card Details <input type="checkbox"/> Others		
REASON(S) FOR REQUEST*	<input type="checkbox"/> Reason for leaving <input type="checkbox"/> 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:	
	Card Name:		
	Catch Phrase:	Rating:	
	Player being replaced		
Card Details (for card replacement)	Old Card ID		
	New Card ID		
		Card Name:	Catch Phrase:

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:** _____