SUPER LEAGUE 10
SINGAPORE made in DARTSLIVE SEASON

APPLICATION FOR CHANGE

DIVISION		☐ S1 DIVISION ☐ S2 DIVISION ☐ S3 DIVISION ☐ S4 DIVISION ☐ S5 DIVISION
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:
	Player being replaced	
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:** _____