



SELECT YOUR LEVEL



NO HANDICAP

WITH HANDICAP

please put a "x" mark inside the appropriate box

Home Shop _____

Team name _____

16 characters or less – must be appropriate

Night of Play _____

TEAM LEADER

Name

Card name

DARTSLIVE CARD Number

e-mail

Contact number

TEAM MEMBERS

2. _____

Name

Card name

DARTSLIVE CARD Number

3. _____

Name

Card name

DARTSLIVE CARD Number

4. _____

Name

Card name

DARTSLIVE CARD Number

5. _____

Name

Card name

DARTSLIVE CARD Number

6. _____

Name

Card name

DARTSLIVE CARD Number

7. _____

Name

Card name

DARTSLIVE CARD Number

8. _____

Name

Card name

DARTSLIVE CARD Number

After completion please submit this form to your local operator