



APPLICATION FOR CHANGE

FLIGHT	<input type="checkbox"/> AA <input type="checkbox"/> A <input type="checkbox"/> BB <input type="checkbox"/> B <input type="checkbox"/> CC <input type="checkbox"/> C		
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:	
		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_sg@dartslive.com**

FOR OFFICIAL USE ONLY

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