



APPLICATION FOR CHANGE

TEAM NAME			
NAME OF CAPTAIN			
TYPE OF CHANGE		<input type="checkbox"/> Replace Current Player <input type="checkbox"/> Add New Player	MOBILE:
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	
New Player Details (for player replacement or addition)	Player Details Card 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		

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:** _____