



## APPLICATION FOR CHANGE

<b>DIVISION</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>TEAM NAME</b>		
<b>NAME OF CAPTAIN</b>		<b>MOBILE:</b>
<b>TYPE OF CHANGE</b>	<input type="checkbox"/> Replace Current Player <input type="checkbox"/> Add New Player <input type="checkbox"/> Change Card Details <input type="checkbox"/> Others	
<b>REASON(S) FOR REQUEST*</b>	<input type="checkbox"/> Reason for leaving ..... <input type="checkbox"/> Lost Existing Card	
<b>New Player Details</b> (for player replacement or addition)	<b>Player Details</b>	<b>FULL NAME:</b> (name without surname will be rejected) ----- Email: _____ ----- Mobile: _____      NRIC/FIN: _____
	<b>Card Details</b>	Card ID: _____ ----- Card Name: _____ ----- Catch Phrase: _____      Rating: _____
	<b>Player being replaced</b>	
	<b>Old Card ID</b>	
<b>Card Details</b> (for card replacement)	<b>New Card ID</b>	
		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\\_sg@dartslive.com](mailto:league_sg@dartslive.com)

**FOR OFFICIAL USE ONLY**

**Verified By:** \_\_\_\_\_ **(League Master)**      **Date:** \_\_\_\_\_