

APPLICATION FOR CHANGE

Please email the completed form to your regional representatives for approval:						
REGION		EMAIL		WINDOW PERIOD		
CENTRAL/NORTHERN		league_my@dartslive.com		12 April 2019~26 April 2019		
SOUTEHRN		Imlen@hotmail.com		12 April 2019~26 April 2019		
EAST MY		larry.wong@playdarts.biz		19 April 2019~04 May 2019		
DIVISION				S3		
TEAM NAME						
NAME OF CAPTAIN		MOBILE:				
TYPE OF CHANGE			Replace Current Player			
REASON(S) FOR REQUEST*		□ Reason for leaving:				
		□ Lost Existing Card				
New Player Details For player addition, Rating of New player must be SAME or LOWER than X highest of team player: S1/S5- 2 nd Highest S2/S3/S4-3 rd Highest	Player Details	FULL NAME:				
		Email:				
		Mobile:		NR	NRIC:	
		Card ID :				
Player Exchange: Rating of New Player must be SAME or LOWER than replaced player	Card Details	Card Name :				
		Catch Phrase : Rat		ting:		
	Replaced Player					
Card Details (for card replacement)	Old Card ID					
	New Card ID	Card ID :				
		Card Name :				
		Catch Phrase :				

CAPTAIN'S SIGNATURE

DATE OF SUBMISSION

FOR OFFICIAL USE ONLY

Verified By:

(League Master) Date: