

APPLICATION FOR CHANGE

DIVISION (Please circle)		S1 DIVISION		S2 DIVISION	S3 DIVISION	S4 DIVISION	S5 IMISION
TEAM NAME							
NAME OF CAPTAIN						MOBILE:	
TYPE OF CHANGE		□ Replace Cu □ Change Ca			□ Add New □ Others	/ Player	
REASON(S) FOR REQUEST*		 Reason for leaving Lost Existing Card 					
1. New Player Details (for player replacement or addition)							
 Player addition, Rating of New player must be same or lower than 3rd highest of team player. Player exchange, Rating of New Player must be same or lower than exchange player. 							
Replaced Player Information	FULL NAME:					Rating:	
New Player Information	FULL NAME: (name without surname will be rejected)						
	Email:						
	Mobile:			NRIC/FIN:			
Card Details	Card ID:						
	Card Name:						Rating:
2. Update Player Details (for card replacement)							
Player Name							
Old Card ID	-	-		-			
New Card ID	-	-		-			

*All information stated in the form are mandatory, incomplete form submission will be rejected.

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 Dept) Date: _____