SUPER LEAGUE SEASON 16
SINGAPORE

APPLICATION FOR CHANGE

DIVISION		☐ S1 DIVISION ☐ S2 DIVISION ☐ S3 DIVISION ☐ S4 DIVISION ☐ S5 DIVISION	
TEAM NAME			
NAME OF CAPTAIN			**MOBILE:**
TYPE OF CHANGE		☐ Replace Current Player ☐ Add New Player ☐ Change Card Details ☐ Others	
REASON(S) FOR REQUEST*		☐ Reason for leaving …… ☐ 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:	
		Card Name:	
		Catch Phrase:	Rating:
	Player being replaced		
Card Details (for card replacement)	**Old Card ID**		
	New Card ID		
		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**

FOR OFFICIAL USE ONLY

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