

APPLICATION FORM

1) TEAM INFORMATION

Team Name:				
Team Member: (First Name) (Last Name)				
DARTSLIVE ID:				
Rating:				
Phone Number:				
E-mail Address:				

2) ROSTERED SUBSTITUTE (Up to 2 per team) *optional

Team Member: (First Name) (Last Name)	Team Member: (First Name) (Last Name)
DARTSLIVE ID:	DARTSLIVE ID:
Rating:	Rating:
Phone Number:	Phone Number:
E-mail Address:	E-mail Address:

3) DIVISION SELECTION

- *Please check which division you would like to play in.
- ** Individuals can only play on 1 team per division ONLY

✓	Flights	Team Rating Cap	Preferred Day	Preferred Time
	Α	23		
	В	16		
	С	10		

