



APPLICATION FOR CHANGE

DIVISION	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
TEAM NAME	
NAME OF CAPTAIN	MOBILE:
TYPE OF CHANGE	<input type="checkbox"/> Replace Current Player <input type="checkbox"/> Add New Player <input type="checkbox"/> Change Card Details <input type="checkbox"/> Others
REASON(S) FOR REQUEST*	<input type="checkbox"/> Reason for leaving <input type="checkbox"/> Lost Existing Card
New Player Details (for player replacement or addition)	Player Details FULL NAME: (name with surname will be rejected) Email: Mobile:
	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 : **admin@dartslive.sg**

FOR OFFICIAL USE ONLY

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