





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:** _____