



# SUPER LEAGUE 3 SEASON

SELECT YOUR LEVEL



NO HANDICAP



WITH HANDICAP

please put an "x" mark inside the appropriate box

Home Shop \_\_\_\_\_

Team name \_\_\_\_\_

16 characters or less – must be appropriate

Night of Play \_\_\_\_\_

## TEAM LEADER

Name

Card name

DARTSLIVE CARD Number

e-mail

Contact number

## TEAM MEMBERS

2. \_\_\_\_\_

Name

Card name

DARTSLIVE CARD Number

3. \_\_\_\_\_

Name

Card name

DARTSLIVE CARD Number

4. \_\_\_\_\_

Name

Card name

DARTSLIVE CARD Number

5. \_\_\_\_\_

Name

Card name

DARTSLIVE CARD Number

6. \_\_\_\_\_

Name

Card name

DARTSLIVE CARD Number

7. \_\_\_\_\_

Name

Card name

DARTSLIVE CARD Number

8. \_\_\_\_\_

Name

Card name

DARTSLIVE CARD Number

After completion please submit this form to your local operator