



APPLICATION FOR CHANGE

TEAM NAME			
NAME OF CAPTAIN			
TYPE OF CHANGE		<input type="checkbox"/> Replace Current Player <input type="checkbox"/> Add New Player	MOBILE:
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	
New Player Details (for player replacement or addition)	Player Details Card Details	FULL NAME: (name without surname will be rejected)	
		Email:	
		Mobile:	NRIC/FIN:
	Card Details Player being replaced	Card ID:	
		Card Name:	
Catch Phrase:		Rating:	
Old Card ID			
Card Details (for card replacement)	New Card ID		
	New Card ID		
	New Card ID		

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 Master)** **Date:** _____