



APPLICATION FOR CHANGE

GROUP	<input type="checkbox"/> 1 <input type="checkbox"/> 2	
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 without surname will be rejected) ----- Email: _____ ----- Mobile: _____ NRIC/FIN: _____
	Card Details	Card ID: _____ ----- Card Name: _____ ----- Catch Phrase: _____ Rating: _____
	Player being replaced	
	Old Card ID	
	Card Details (for card replacement)	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@dartslive.sg**

FOR OFFICIAL USE ONLY

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