



SELECT YOUR LEVEL



NO HANDICAP



NO HANDICAP



HANDICAPPED

please put an "x" mark inside the appropriate box

Home Shop _____ Operator Name _____

Team name _____ Night of Play _____

16 characters or less – must be appropriate

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