



APPLICATION FOR CHANGE

FLIGHT	<input type="checkbox"/> A <input type="checkbox"/> BB <input type="checkbox"/> B <input type="checkbox"/> CCC <input type="checkbox"/> CC <input type="checkbox"/> C			
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: _____		
		Rating: _____		
	Player being replaced			
Card Details (for card replacement)	Old Card ID			
	New Card ID	Card Name: _____		

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:** _____