



APPLICATION FOR CHANGE

Area:

DIVISION	<input type="checkbox"/> A <input type="checkbox"/> B <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 addition , Rating of New player must be same or lower than 2 nd highest of team player. - For player exchange , Rating of New Player must be same or lower than exchange player	Player Details	FULL NAME: (name without surname will be rejected) ----- Email: _____ ----- Mobile: _____ No. KTP: _____
	Card Details	Card ID: _____ ----- Card Name: _____ ----- Catch Phrase: _____ Rating: _____
	Replaced Player	
	Old Card ID	
	New Card ID	Card Name: _____ Catch Phrase: _____
Card Details (for card replacement)		

Kindly email completed form to hendry.yapriadi@darts-nation.com

CAPTAIN'S SIGNATURE

DATE OF SUBMISSION

FOR OFFICIAL USE ONLY

Verified By: _____ (League Master) Date: _____