



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