






APPLICATION FOR CHANGE

Please email the completed form to your regional representatives for approval:					
REGION	EMAIL		WINDOW PERIOD		
CENTRAL	league_my@dartslive.com		All Division: 10 Jan 2020~ 24 Jan 2020		
NORTHERN			All Division: 03 Jan 2020~ 17 Jan 2020		
SOUTEHRN	lmlen@hotmail.com		All Division: 03 Jan 2020~ 17 Jan 2020		
EAST MY	larry.wong@playdarts.biz		S1: 10 Jan 2020~ 24 Jan 2020		
			S2/S3: 17 Jan 2020~31 Jan 2020		
DIVISION	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 
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 Detail		<input type="checkbox"/> Others		
REASON(S) FOR REQUEST	<input type="checkbox"/> Reason for leaving: _____ <input type="checkbox"/> Lost Existing Card				
Replace Current Player: Rating of New Player must be SAME or LOWER than replaced player	Player to Remove: _____ (leave blank for Player Addition)				
<u>New Player Details</u> For player addition, Rating of New player must be SAME or LOWER than X highest of team player: S1/S5- 2 nd Highest S2/S3/S4-3 rd Highest	Player Details	FULL NAME: _____ (name without surname will be rejected)			
		Email: _____			
	Card Details	Mobile: _____		NRIC: _____	
		Card ID: _____			
		Card Name: _____		Rating: _____	
Card Details (for card replacement)	Old Card ID	_____			
	New Card ID	Card ID: _____			
		Card Name: _____			
		Catch Phrase: _____			

CAPTAIN'S SIGNATURE

DATE OF SUBMISSION

FOR OFFICIAL USE ONLY

Verified By: _____ (League Master) Date: _____