



APPLICATION FOR CHANGE

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		
1. New Player Details (for player replacement or addition)			
- Player addition , Rating of New player must be same or lower than 3rd highest of team player. - Player exchange , Rating of New Player must be same or lower than exchange player <i>(if existing player is top 3 rater) OR; same or lower than 3rd highest rater in the team.</i>			
Replaced Player Information	FULL NAME:		Rating:
New Player Information	FULL NAME: (name without surname will be rejected)		
	Email:		
	Mobile:	NRIC/FIN:	
Card Details	Card ID: - - -		
	Card Name:		Rating:
2. Update Player Details (for card replacement)			
Player Name			
Old Card ID	- - -		
New Card ID	- - -		

*All information stated in the form are mandatory, incomplete form submission will be rejected.

CAPTAIN'S SIGNATURE

DATE OF SUBMISSION

Please fax the form to DARTSLIVE (S) PTE LTD at Fax No.: **6735-1381**, or email to league_sg@dartslive.com

FOR OFFICIAL USE ONLY

Verified By: _____ **(League Dept)** **Date:** _____