



P.O. Box 5435, Station B
1625 Fort St, Victoria
British Columbia, Canada, V8R 6S4

Team Name: _____

Venue: _____

Division: _____

New Player Registration Form

(Please print clearly)

Players full name: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Note: This form must be filled out for any new player wanting to play league darts after the current season has commenced.

All players must be registered and have approval of the Executive.

Date Received ____ / ____ / ____
 D M Y

Action taken: _____

Executive : _____ Signature: _____

Date: ____ / ____ / ____
 D M Y