



**New Player Registration Form**  
**P.O. Box 5435, Station B**  
**1625 Fort Street, Victoria**  
**British Columbia, Canada, V8R 6S4**  
**Darts Victoria Hotline: 250-391-9346**

Team Name : \_\_\_\_\_

Venue : \_\_\_\_\_

Division : \_\_\_\_\_

### New Player Registration Form

( Please Print Clearly )

Players full name : \_\_\_\_\_

Address : \_\_\_\_\_

City : \_\_\_\_\_

Postal Code : \_\_\_\_\_

Home Phone : \_\_\_\_\_

Cell Phone : \_\_\_\_\_

Team Name : \_\_\_\_\_

Division : \_\_\_\_\_

#### 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.

Executive Approval

Date of Executive Approval : \_\_\_\_\_  
D / M / Y

Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_