



LATE REGISTRATION FORM

I.....
Name in Full - Please Print Clearly

of.....
Address and postcode - Please Print Clearly

Telephone No:..... Mobile No:.....

Email Address:.....

Hereby apply to register with the.....Dart Team

DELETE WHICH EVER IS NOT APPLICABLE *

- *1. I have never played competition darts
- *2. I have played competition darts with the following association
Name of Association.....Grade/Division.....
- *3. I have / have not a clearance from my previous association. Please attach clearance if applicable

I hereby declare that all the above information to be true and correct and that I am prepared to abide by the Constitution and Rules of Play of Hamilton District Darts Association Inc.

.....
Signature of Player

.....
Witnessed by Captain

Date.....



DEREGISTRATION FORM

I.....
Name of Captain - Please Print Clearly

Hereby deregister.....
Name of Player - Please Print Clearly

From the.....Dart Team
Name of Team - Please Print Clearly

.....
Signature of Captain

.....
Witnessed by another team member

Date.....