

DARLING RANGE DARTS ASSOCIATION Inc

Team Nomination Form
(Team may be of mixed gender)

Winter/Summer Competition 200 / .

Delete which is not applicable and add date

NAME OF CLUB

TEAM

IF MORE THAN ONE

(GRADE WILL BE DETERMINED BY TEAM AVERAGE)

PLAYERS NAME	Ave	Phone	E-Mail

CLUB EXECUTIVES

COMPLETE THIS SECTION ONLY ONCE PER CLUB

PRESIDENT		
SECRETARY		
TREASURER		
DELEGATE		
Delegate Address		

AUTHORISED SIGNATURE

POSITION

RETURN COMPLETED FORMS TO
THE RECORDER: - 37 Ravenscroft Way, Kelmscott WA 6111

ANY QUESTIONS TEL 6396-3156