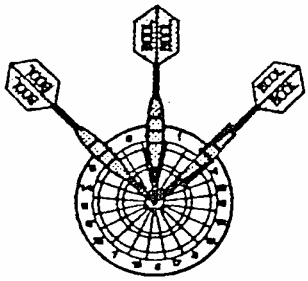
BLACKWATER & DISTRICT
SUMMER DARTS LEAGUE



Player Registration Form

We the undersigned members of _____ darts team do, as registered players in the above league, agree to abide by the Rules and Conditions of the Blackwater and District Darts League.

Please indicate your County Players as defined by Rule 22.

Print Name	Signature	County Player Yes ✔	Print Name	Signature	County Player Yes ✔

Address of oche_____

Telephone No: - _____

Print name of Team Captain / Secretary_____

Contact address _____

_____

Contact Telephone No: - _____ E-mail: - _____

Date: - / /