

SQUAD REGISTRATION SHEET 2019-20

PLEASE COMPLETE LEGIBLY IN BLOCK CAPITALS

TEAM NAME: _____ VENUE: _____

CONTACT NO: _____ EMAIL: _____

NAME	CONTACT NO	SIGNATURE
<i>(CAPTAIN)</i>		
<i>(VICE CAPTAIN)</i>		

THIS FORM IS TO BE COMPLETED AND A PICTURE OF IT SENT TO THE SDDL DARTS RESULTS WHATSAPP GROUP BEFORE THE FIRST MATCH

TEAMS ARE REMINDED THEY MUST SIGN A MINIMUM OF 6 PLAYERS, AND MAY SIGN UP TO 15 PLAYERS AS PART OF THEIR TEAM FEES, ADDITIONAL PLAYERS MAY BE SIGNED AS PER RULE 5A