PENINSULA FAIR DARTS ASSOCIATION INC. P. O. BOX 233 REDCLIFFE, QLD 4020.

TEAMS NOMINATION FORM

NOTES: **(1)** The Members of this Dart Team agree to **observe** and **abide** by the rules, regulations and the by-laws adopted by The Peninsula Fair Darts Association Inc.

(2) All Juniors (Under 18 years at start of competition) must give date of birth. Juniors cannot be Captain.

NAME OF TEAM _____ Night Preferred: **TUESDAY S2** Year:_____

CAPTAIN:_____ADDRESS:_____Phone:_____

Captains Signature:_____

DETAILS OF OTHER MEMBERS

FULL NAME	ADDRESS	PHONE	SIGNATURE

JUNIORS:

FULL NAME	ADDRESS	DOB	SIGNATURE