



TEAM NOMINATION FORM

WEDNESDAY SEASON 2

Year: _____

NAME OF TEAM _____

Captain: _____ ADDRESS: _____ Phone: _____

Captains Signature: _____

DETAILS OF OTHER MEMBERS

FULL NAME	ADDRESS	PHONE	SIGNATURE

JUNIORS:

FULL NAME	ADDRESS	DOB	SIGNATURE

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.