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

TEAMS NOMINATION FORMS **NOMINATION FORMS TO BE RETURNED BY...23RD MAY 2018**

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 **WEDNESDAY**

CAPTAIN:.....ADDRESS:.....Phone:.....

Captains Signature:..... **DETAILS OF OTHER MEMBERS**

FULL NAME	ADDRESS	PHONE	SIGNATURE

JUNIORS: NAME