

**Cheltenham Dart League
Player Registration Form**

Please Print Clearly and Complete all parts of this form

Name:

Address:

Post Code:

E-Mail Address:

Telephone:

Mobile No:

Team Registering For:

Venue Team Plays At:

Note:

- 1) Failure to complete this form correctly will result in you not being accepted into the Cheltenham Darts League
- 2) When you sign this form you agree to abide by the rules of the Organisation
- 3) I the undersigned agree to abide by the rules and constitution of the Cheltenham Darts League Organisation.

Please sign:

Date Completed:
