

CANTERBURY COMBINED CHARTERED CLUBS

DARTS ASSOCIATION

PO BOX 13465 ARMAGH ST, CHRISTCHURCH

PLAYER REGISTRATION FORM

| | |
|------------------------|-------|
| Club: | _____ |
| Basic Contact Details: | |
| Player Name | _____ |
| Recommended grade | _____ |
| Address | _____ |
| | _____ |
| | _____ |
| | _____ |
| Home Phone | _____ |
| Mobile Phone | _____ |
| Email Address | _____ |
| Shirt Size | _____ |
| Players Signature | _____ |
| Club Captain | _____ |

NB: Please ensure that the new member is financial with the club.

This registration must be sent to the Secretary and/or Games Convenor as soon as possible prior to any games played.

Secretary - Sandi Ridd (sandir180@outlook.com)

Games Convenor – Rob Foley (admin@darts.org.nz)