



OFFICIAL TEAM REGISTRATION FORM 2011-2012 SEASON

**** Please PRINT and fill in ALL information on form****

Please mail to : Voted Statistician address, will be available after AGM

TEAM NAME: _____

LAST YEAR'S TEAM NAME: _____

PLAYING VENUE & CONTACT NAME: _____

VENUE ADDRESS & POSTAL CODE: _____

VENUE PHONE #: _____

Are there any other events at this venue during league play? YES NO

If you answered YES to the above question, please provide us with the details of the other events at this venue during league play and will they interfere with the Tuesday night play. ie: line dancing, karaoke. _____

Please provide address for captain and co-captain, and provide phone contact information for the rest of the team.

	<i>MEMBER NAME</i>	<i>PHONE #</i>	<i>ADDRESS</i>
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<i>CAPTAIN</i>	_____	_____	_____
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<i>CO-CAPTAIN</i>	_____	_____	_____
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<i>MEMBER 1</i>	_____	_____	_____
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<i>MEMBER 2</i>	_____	_____	_____
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<i>MEMBER 3</i>	_____	_____	_____
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<i>MEMBER 4</i>	_____	_____	_____
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DIVISION REQUESTED: _____

COMMENTS: _____

Make cheque(s) payable to 'London Ladies Dart League'

NOTE: All mailed entries MUST be received before July 31st, 2011 and FULL payment MUST accompany registration form. You MUST have four (4) players to register a team.