



Registration number

PLAYER REGISTRATION AND TRANSFER FORM

All new players or players requiring transfers must fill out this form completely

The Southern Dart League Inc reserves the right to refuse this registration

I,

[Given names]

[Surname]

of

[Address]

[Postcode]

PHONE Silent YES/NO

do hereby declare that I will abide by the constitution, Playing rules and Bylaws of the Southern Dart League Inc. I agree to accept the Committee of the Southern Dart League Inc as arbitors in any dispute under it's jurisdiction

I wish to register for season with the Club

[Year]

[New Club]

in the Team

[Colour]

Age [Tick one] Under 18 [] 19-25 [] 26-40 [] 41-65 [] over 65 [] Occupation.....

Players Signature..... Date.....

I, accept the above player to play for the above club

[Club secretary, print name]

Signature.....

TRANSFER FORM

This section must be completed if transferring from another SDL Club

I, Secretary of the Club declare that the

above player is cleared of all financial obligations and can play for the club of his choice.

Signature.....

Approved by the Match Secretary..... Signature.....