

Christchurch Monday Night Darts League

League Entry Form

TEAM NAME: _____

VENUE: _____

ADDRESS: _____

Post Code: _____

LANDLORD: _____ Phone No: _____

E-Mail: _____ Mobile Phone: _____

NOT AT HOME WITH :-

Indicate team whose board you share (if applicable)

CAPTAIN: _____ Phone No: _____

E-Mail: _____ Mobile Phone: _____

VICE CAPTAIN: _____ Phone No: _____

E-Mail: _____ Mobile Phone: _____

TEAM REQUIREMENTS

Minimum 6 Players - (Mixed) - Please list players below (Highlight LADY Players).

1) _____ 2) _____ 3) _____

4) _____ 5) _____ 6) _____

7) _____ 8) _____ 9) _____

10) _____ 11) _____ 12) _____

FEES & REGISTRATION

£60.00 per Team. Entry forms to:- Mark Calder, 50 Bure Haven Drive, Mundeford, BH23 4BT.

I enclose £60.00 as full entry Fee (Cheques Payable to 'CHRISTCHURCH MONDAY DARTS')
Bank Transfers 'CHRISTCHURCH MONDAY DARTS' (Sort Code) 30-98-97 (A/C) 84304360
Please reference your Team for individual entries or Club / Pub for multiple entries.

SIGNED: _____ Captain Date: _____