

ILLAWARRA DISTRICT DARTS ASSOCIATION REGISTRATION FORM & ILLAWARRA DARTS ASSOCIATION MEMBERSHIP FORM

YEAR



BILL CROSS
GRADED COMP



FRED DUNWELL
SHEILD

TEAM
NAME

HOME
CLUB

CAPTAIN
NAME

PHONE
NUMBER

MAXIMUM 10 PLAYERS CAN BE REGISTERED PER TEAM

NAME	ADDRESS	PHONE NUMBER	FRATERNITY MEMBERSHIP #

ALL PLAYERS LISTED ON THIS FORM AGREE TO MEMBERSHIP OF THE ILLAWARRA DISTRICT DARTS ASSOCIATION AND ILLAWARRA DARTS ASSOCIATION. ALL PLAYERS AGREE TO AND ARE BOUND BY ALL ILLAWARRA DISTRICT DARTS ASSOCIATION AND ILLAWARRA DARTS ASSOCIATION RULES AND GOVERNANCE

**REGISTRATION FORM TO BE HANDED IN AT JANUARY DELEGATES MEETING BEFORE COMPETITION.
FORMS CAN ALSO BE EMAILED TO iddasecretary@outlook.com NO LATER THAN JANUARY
DELEGATES MEETING.**