CRAWLEY FRIDAY NIGHT DARTS LEAGUE

Clare Sabourn CFDL Secretary 50a Ifield Drive Ifield Crawley RH11 0AE

registrations@crawleydartsleague.com Registration Form – 2025/2026

Please ensure all information is completed in BLOCK CAPITALS

| Section | 1: | Venue | Details |
|---------|----|-------|----------------|

| TEAM NAME | |
|-----------------|------------------|
| Venue | |
| Venue Address | |
| Town | |
| Post Code | MOBILE PHONE |
| Venue Contact | Telephone Number |
| Section 2: Team | Secretary |
| Name | |
| Mobile | |
| Email | |
| | |
| Section 2: Team | Captain |
| Name | |
| Mobile | |
| Email | |

Section 3: Registered Player

| | Tick if | Players Full Name: | Tick if |
|--------------------|----------|--------------------|----------------|
| Players Full Name: | Under 16 | | Under 16 |
| | | | <u>yrs old</u> |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| £TBC Per Team | | Tick payment method |
|---------------|--|---------------------------|
| CHEQUE | Cheques should be made payable to: crawley Friday darts league | |
| CASH | | |
| Bank Transfer | Acc No: 72505932 Sort: 40-18-22 (Team name as reference) | |