



Paphos Pub Leagues

FRIENDLY DARTS REGISTRATION FORM

WE :-

TEAM NAME _____ DATE _____

1.CAPTAIN. _____

MOBILE PHONE. _____ EMAIL. _____

WISH TO APPLY TO JOIN

2.	MOBILE	EMAIL
3.	MOBILE	EMAIL
4.	MOBILE	EMAIL
5.	MOBILE	EMAIL
6.	MOBILE	EMAIL
7.	MOBILE	EMAIL
8.	MOBILE	EMAIL
9.	MOBILE	EMAIL
10.	MOBILE	EMAIL
11.	MOBILE	EMAIL
12.	MOBILE	EMAIL
13.	MOBILE	EMAIL
14.	MOBILE	EMAIL
15.	MOBILE	EMAIL
16.	MOBILE	EMAIL
17.	MOBILE	EMAIL
18.	MOBILE	EMAIL
19.	MOBILE	EMAIL
20.	MOBILE	EMAIL

ALL AVAILABLE TEAM MEMBERS MUST BE ENTERED ON THIS FORM WITH THEIR MOBILE TELEPHONE NUMBER AND EMAIL ADDRESS. PLUS PHOTOGRAPH.

CAPTAINS SIGNATURE. _____

Send individual photos and completed Registration form by email to darts@paphospubleagues.com any queries phone 99766352