OSWESTRY & DISTRICT DARTS LEAGUE PLAYER REGISTRATION SEASON 2024/25

	Team Name:					
By Signii	ver will be registered un ng this form you are ag e of Conduct.			trict Darts Leag	ue Rul	es
DATE SIGNED	PLAYER NAME (BLOCK CAPITALS)	PLAYER ADDRESS (BLOCK CAPITALS)	PLAYER TELEPHONE NUMBER	PLAYER SIGNATURE	SIGNING FEE INCLUDED	
					YES	NO
Team Captain Name (Print):						
Team Captain Signature: Once this form is fully completed, please place in an envelope with the signing fee and post to the League Secretary (address available on request). Alternatively the form must be sent by post but the payment can be nade via bank transfer to the following details (discuss with League Treasurer prior to any transfer of monies):						
Oswestry & District Darts League sort code: 30-96-33 Account No: 00650917						
League Secretary Signature:						

Privacy Notice

By signing this form you agree to allow your personal details to be used by the Oswestry & District Darts League for the purpose of the good and benefit of the league, in order to facilitate the smooth running of the league. Your details will not be used for any marketing or advertisement purposes. Under no circumstances will your details be shared by the league committee with any outside agencies or companies. All data will be handled in line with our Data Policy.