

REGISTRATION FORM

Please refer to the POL+ S3 Registration kit before proceeding

				Division (Please circle):		1	2	3		
Team Name: (Team names consisting of		Team Captain:			Rating Cap for information					
Chinese/foreign characters must be accompanied with an English name)		Email Address:			6A (Cap at 1: AAA or 2x AA		BBB (Cap at 1x BBB & Below)			
Home Shop:						TO COL ZXTY)				
layers' (<u>details</u>			_						
S/N	Full Name	ne NRIC (Last 4				t ID Player Card No.		Rating		
CAPTAIN	N		1	<u></u>			1			
1										
PLAYERS	5						-	· · · · · · · · · · · · · · · · · · ·		
2										
3										
4										
5										
6										
/ID∩RTA	NT NOTES:									
		ed by both captain	n & home shop	representative with	company stan	np				
).	Form must be sub	mitted by the tean	n captain, to Ph	noenixdarts Singapore	e, by 29th June	e 2359. Late entrie	s will be declined.			
	Upon receiving co	nfirmation from Ph	noenixdarts Sin	gapore, the team cap	otain would ha	ive to make payme	ent at home shop before	registration closing date.		
d.	Please submit forr	ns via email (conta	ct_sg@phoeni	xdarts.com) or What	sapp (+65 868	3 7588).				
	Shop stamp 8	k signature		 Team Captain's Signature			Date of Submission			