

British Darts Organisation

BRITISH INTER COUNTIES CHAMPIONSHIP COUNTY TEAM REGISTRATION FORM



COUNTY:..... SEASON:.....

PLEASE COMPLETE DETAILS IN BLOCK CAPITALS

PLAYING COLOURS:

MEN: Playing Shirts: Trousers:

LADIES: Playing Shirts: Trousers/Skirts:

COUNTY HEADQUARTERS

<i>Address</i>	<i>Tel:</i>	<i>e-mail</i>
	<i>Fax:</i>	
	<i>Mobile:</i>	<i>Website</i>
<i>Postcode</i>		

MATCH VENUE:

<i>Name:</i>		
<i>Address</i>	<i>Tel 1:</i>	<i>e-mail</i>
	<i>Tel 2:</i>	
	<i>Fax:</i>	<i>Website</i>
<i>Postcode</i>		

PRINCIPAL BICC CONTACT

<i>Name:</i>		
<i>Address</i>	<i>Tel:</i>	<i>e-mail</i>
	<i>Fax:</i>	
	<i>Mobile:</i>	
<i>Postcode</i>		

MEN'S TEAM MANAGER

<i>Name:</i>		
<i>Address</i>	<i>Tel:</i>	<i>e-mail</i>
	<i>Fax:</i>	
	<i>Mobile:</i>	
<i>Postcode</i>		

LADIES TEAM MANAGER

<i>Name:</i>		
<i>Address</i>	<i>Tel:</i>	<i>e-mail</i>
	<i>Fax:</i>	
	<i>Mobile:</i>	
<i>Postcode</i>		

TO BE SUBMITTED TO DIVISIONAL DIRECTOR BY 1st AUGUST