REGISTRATION

BC Deaf Open Darts – 1st Qualifier Tournament

Saturday January 30 & 31, 2016

Name: _____ Male ◯ Female ◯

Address: _____

City: _____ Postal Code: _____

Phone: _____ Cell # (text): _____

Email: _____

	DATE	AMOUNT	PAID
BCDSF Member	**Before January 22, 2016**	**$30.00**	

Each darts player is required to sign waiver form before games start.
All players must be age 19 and over before January 20, 2016
No minors allowed at the games.

Signature: _____ Date: _____

Please mail certified cheque or money order payable to *BC Deaf Sports*
with this form before January 20, 2016. **Please do not mail after January 12th**
Or drop off this form with payment to BCDSF's office (during work hours)
#4 - 320 Columbia Street, New Westminster, BC V3L 1A6

Non-Refundable