REGISTRATION

BC Deaf Open Darts – 3rd/ 4th Qualifier Tournaments

Saturday/Sunday, April 2-3, 2016

Name: _____ **Male** ◯ **Female** ◯

Address: _____

City: _____ **Postal Code:** _____

Phone: _____ **Cell # (text):** _____

Email: _____

DATE	AMOUNT	**PAID**
Saturday, April 2, 2016	$20.00	
Sunday, April 3, 2016	$20.00	
	TOTAL	
	Confirmed BCDSF Member	YES/ NO

Each darts player is required to sign waiver form before games start.
All players must be age 19 and over before April 1, 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 **March 21, 2016**. **Please do not mail after March 21.**
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