



REGISTRATION



BC Deaf & Hard of Hearing Darts Tournaments

Name: _____ Male Female

Address: _____

City: _____ Province: _____

Postal Code: _____ Text Phone: _____

Email: _____

Please mark Yes or No for each date and add the totals.

DATE	\$\$	Y/N	Paid
Saturday, March 23, 2019	\$20.00		
Sunday, March 24, 2019	\$20.00		
Saturday, April 20, 2019	\$20.00		
Sunday, April 21, 2019	\$20.00		
Non-Refundable	TOTAL		



All members are required to be active BCDSF members before games start.
Each dart player is required to sign a waiver form before first game played.
All players must be age 19 and over. No minors allowed at the games.

Signature: _____ Date: _____

Please mail a cheque payable to BC Deaf Sports
with this form one week before your first game.

Or drop off this form with payment to BCDSF's office (during work hours)

#4 - 320 Columbia Street, New Westminster, BC V3L 1A6

info@bcdeafsports.bc.ca



Non-Refundable

