

Working Men's Club & Institute Union Limited  
**NATIONAL TEAM DARTS CHAMPIONSHIP**



On behalf of ..... Club  
Full Club Address .....  
..... Tel :-.....  
Daytime Contact.....Tel:-.....Mobile:-.....  
Email.....

**I wish to enter the following members for the  
Club Union National Team Darts Championship (Sixteen players may be registered  
for each team) Eight players to constitute a team**

(Please enter Christian and Surname in BLOCK CAPITALS)

**"A" TEAM**

**"B" TEAM**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

I enclose entrance fees totalling £....., at the rate of £25 per team.  
I certify that the entrants are at least 18 years old and are members of this Club, and hold  
**Associate and Pass Cards Issued by this Club**  
The entrants agree to abide by the contest rules.

(Date)..... // .....Secretary

Return this form with entrance fees to:-  
**The Leisure Department**  
**CLUB & INSTITUTE UNION LIMITED, CLUB UNION HOUSE**  
**253 - 254 UPPER STREET, LONDON, N1 1RY**

Cheques and Postal orders should be made payable to  
**"CLUB & INSTITUTE UNION"**

**CLOSING DATE FOR THESE COMPETITIONS IS TUESDAY 7th JUNE 2016**  
**ENSURE THAT YOU HAVE MADE AN ACCURATE LIST OF YOUR REGISTERED PLAYERS**  
**ON THE FORM PROVIDE**