

NOVA SCOTIA/NUNAVUT COMMAND  
COMMAND DARTS - REGISTRATION FORM

TEAMS



Zone Represented : \_\_\_\_\_

**1<sup>st</sup> Branch Represented:** \_\_\_\_\_  
Name No.

Team Captain[1]: \_\_\_\_\_  
Name Phone No.  
\_\_\_\_\_  
Address Postal Code  
\_\_\_\_\_  
Membership Card No. Category

Team Member [2] \_\_\_\_\_  
Name Card No. Category

Team Member [3] \_\_\_\_\_  
Name Card No. Category

Team Member [4] \_\_\_\_\_  
Name Card No. Category

**2<sup>nd</sup> Branch Represented:** \_\_\_\_\_  
Name No.

Team Captain[1]: \_\_\_\_\_  
Name Phone No.  
\_\_\_\_\_  
Address Postal Code  
\_\_\_\_\_  
Membership Card No. Category

Team Member [2] \_\_\_\_\_  
Name Card No. Category

Team Member [3] \_\_\_\_\_  
Name Card No. Category

Team Member [4] \_\_\_\_\_  
Name Card No. Category

Teams shall consist of a total of 4 players

Total Teams \_\_\_\_\_ Amount Enclosed \$ \_\_\_\_\_

**Note: \$60.00 per 4 person team at Zone level. All money collected must be sent to the Darts Secretary/Treasurer no later than one week prior to date of the Shoot. All cheques should be made payable to NS/NU Command Darts.**

\_\_\_\_\_  
Signature of Zone Commander or Zone Representative

**Mail to:** Kathy Julien (902) 478-8508  
Secretary/Treasurer  
31-31 Highfield Park Dr.  
Dartmouth, NS  
B3A 4T3