## SOUTHERN COUNTIES YOUTH DARTS



## PLEASE COMPLETE USING BLOCK CAPITALS (with the exception of signatures)

All personal details will only be used for activities within the British Inter-County Youth League (Southern Section)

A copy of this form must be signed by both Counties and submitted to Leanne Watering at leannewatering@msn.com.

Transfer From:	Transfer To:
Player Details	
Male Female	
Christian Name(s):	
Surname:	
Full Address: (Including Post Code)	
Contact Tel No:	
Contact Email Address:	
Date of Birth:	/
Nationality:	
<b>Health:</b> (Please note any health issues etc.)	
Are you registered, to play youth darts, with any oth Great Britain? If so, please name the County.	ner County in

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Player Signature:
Date:
Parent/Guardian Signature (Applicable for players U16):
We agree to the above transfer (Current County Youth Representative)
Name:
Signature:
Date:
We object to the above transfer (Current County Youth Representative)
Name:
Signature:
Reasons for objection:
Date:
We agree to the above transfer (New County Youth Representative)
Name:
Signature:
Date: