

EVENT NOMINATION FORM

This Form requires PDF Reader.

Download and complete this form then save it before emailing to Darts WA as follows:

DWA Registrar: dartswaregistra@gmail.com

DWA Games Co-ordinator: dartswaeventscordinator@gmail.com



DWA DOUBLES EVENTS

Name of Player #1

First Name: _____ Last Name: _____

Player #1 Association: _____

(Select "New Player" if no association)

Average: _____ *(Write "New Player" if no average)*

Name of Player #2

First Name: _____ Last Name: _____

Player #1 Association: _____

(Select "New Player" if no association)

Average: _____ *(Write "New Player" if no average)*

Select Event:

- State Doubles
- West Coast Classic
- State Mixed Doubles
- Bunbury Classic

Select Division:

- Open
- B Grade
- Junior

Contact Details:

Email: _____ Phone#: _____

Date this form was submitted:
