

Player 7

First Name: _____ Last Name: _____ Season Average: _____

(If no previous average, please use their current season average.)

Email: _____

Available for State Selection? Yes No

Player 8

First Name: _____ Last Name: _____ Season Average: _____

(If no previous average, please use their current season average.)

Email: _____

Available for State Selection? Yes No

Will you be nominating more than one team? Yes No If yes, how many? _____

Please advise any further information relevant to this nomination (eg Team Captain, if you intend to make payment on this form for more than one team nomination).

Nomination Fees

Pay to:

ACCOUNT: **Darts Western Australia Inc.**

BSB#: 036 082

ACCOUNT #: 542624

REFERENCE: _____

(eg Association Initials-Event)

Playing Fees Due on day of event.

Playing Fees (per team): \$30 \$_____

Date Paid: _____

Method of Payment:

Electronic Funds Transfer

Posted Cheque/Money Order

Will pay on the day of the event

Send Money Order/Cheques to:

DWA Treasurer

52 Rochester Avenue

Beckenham WA 6107

Office Use Only

Amount Received: \$_____ Date Received: _____ Received by: _____