

# GREATER CHATTANOOGA DARTING ASSOCIATION



DATE: \_\_\_\_\_

## APPLICATION FOR ADD-ONS

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_

LAST TEAM ON: \_\_\_\_\_ DIVISION: \_\_\_\_\_

TEAM NAME REQUESTING: \_\_\_\_\_ DIVISION: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

REASONS OR EXPLANATIONS: \_\_\_\_\_

PERSON(S) REMOVING FROM TEAM: \_\_\_\_\_

## TO BE FILLED IN BY COUNCIL

FEE (Circle One):    Present Paid Member                      Check Enclosed                      Cash Enclosed

RECEIVED BY: \_\_\_\_\_

(Circle One):    APPROVED    DISAPPROVED (Why): \_\_\_\_\_

DATE: \_\_\_\_\_

VOTE: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_