



## Player Release Form

Club \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_, the undersigned

Hereby authorise the release of: \_\_\_\_\_

so that he / she may continue to play the rest of the season with another team  
after having effected the due payment of his registration according to the  
regulations of the Malta Darts Association regarding transfer of players .

Name \_\_\_\_\_ MDA Official \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

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