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FORM A1

THIS FORM MUST BE COMPLETED IN CAPITAL LETTERS

SEASON 2024/2025

FULL NAME OF TEAM _____

TEAM ADDRESS _____

TEL. _____

COMMITTEE OFFICIALS LIST

NAME & SURNAME OF PRESIDENT _____

ADDRESS _____ TEL. _____

NAME & SURNAME OF SECRETARY _____

ADDRESS _____ TEL. _____

NAME OF DELEGATE _____ MOBILE _____ EMAIL _____

NAME OF ASST. DELEGATE _____ MOBILE _____ EMAIL _____

(DELEGATE AND ASSISTANT CANNOT BE MEMBERS OF THE COUNCIL)

LIST OF MEMBERS OF THE COUNCIL

NAME _____ MOBILE _____ EMAIL _____

NAME OF ASST. _____ MOBILE _____ EMAIL _____

(ONLY ONE MEMBER WHICH APPEARS ABOVE CAN ATTEND COUNCIL MEETINGS)

CORRESPONDENCE RELATED TO THE TEAM SHALL REACH:

NAME & SURNAME _____

ADDRESS _____

Email _____ MOBILE: _____

I, the undersigned, on behalf of my team, agree to, and accept the Data statement shown above in relation with the Statute, Gaming Regulations and Code of Discipline of the Association.

FULL NAME OF SECRETARY _____

SECRETARY'S Email Address _____

SIGNATURE _____ DATA ____ / ____ / ____