



**The Pafos Darts League**  
**PAFOS DARTS LEAGUE**

**TERMINATION FORM.**

**I .....**

**REGISTRATION NUMBER .....**

**TEAM.....**

**DATE .....**

**DO NOT WISH TO CONTINUE PLAYING DARTS FOR THE SEASON ..... AND WISH TO TERMINATE MY MEMBERSHIP.**

**MY REGISTRATION FEE IS NOT REFUNDABLE AND SHOULD I DECIDE TO RESUME PLAYING I SHALL RE-REGISTER AND PAY THE APPROPRIATE FEE AND COMPLETE A TRANSFER FORM.**

**SIGNED .....(PLAYER)**

**SIGNED .....(CAPTAIN)**

**PLEASE COMPLETE FORM AND POST IN OFFICIAL P.O. BOX**  
**Email: [pafosdartsleague@cvtanet.com.cy](mailto:pafosdartsleague@cvtanet.com.cy) Telephone 99126567/ 99766352**