

Electronic Darts of Corpus Christi, Incorporated

New Member (\$5.00 enclosed); Substitute (\$1.00 enclosed); Transfer

Last Name _____ First Name _____ MI ___ Phone _____

Address _____ City _____ Zip _____ E-Mail _____

Male Female Sponsor & Team _____

I certify that I am at least 21 years of age. I agree to abide by all the rules and guidelines of Electronic Darts of Corpus Christi, Inc. and I recognize the Board of Directors as the final authority on any and all disputes.

Signature _____ Date _____

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