

**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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