

APPLICATION FORM



**DARTS CLUB OF
HELLINIKON
D.C.H**

ΧΑΛΔΕΙΑΣ 43,
ΕΛΛΗΝΙΚΟ
TK.167-77

APPLICANTS DETAILS

SURNAME

NAME

FATHERS NAME

MOTHERS NAME

YEAR OF BIRTH

PLACE OF BIRTH

IDENTITY CARD No

HOME ADDRESS

TELEPHONE

OFFICE TELEPHONE

PROFESSION

ATHENS

RECOMENDING MEMBERS

1.PRESIDENT

2.GENERAL SECRETARY

REGISTRATION DETAILS (TEAM)

**TO
DARTS CLUB OF HELLINIKON**

Mr. President,

Fulfilling all the formalities needed by the Constitution of the Club,I have the honor to request you to register myself as an Athlete of the Club and I hereby irrevocably accept everything covered by the Constitution and the Internal regulations of the Club.

With honor
The applicant

