

APPLICATION FORM: PROTEA/MASTERS TEAM MANAGER

COMPLETED AND SIGNED APPLICATION TOGETHER WITH CERTIFIED COPIES OF ID, PASSPORT AND 1X PHOTOGRAPH TO BE HANDED TO THE GENERAL SECRETARY ON MONDAY **14 July 2025**.

FAILURE TO COMPLY WITH ALL REQUIREMENTS WILL RESULT IN YOUR APPLICATION BEING REJECTED.

LAST NAME	
FIRST NAMES	
ID NUMBER	
PASSPORT NUMBER	
COVID 19 VACCINATIONS	AS THERE ARE NO COVID RESTRICTIONS IN PLACE, IT IS UNNECESSARY TO PRODUCE PROOF OF VACCINATION
PHYSICAL ADDRESS	
POSTAL ADDRESS	
HOME TEL NO	
WORK TEL NO	
FAX NO	
CELL NO	
E-MAIL ADDRESS	
PLAYING SHIRT SIZE	SMALL / MEDIUM / LARGE / EXTRA LARGE / STATE OTHER SIZE
HOME LANGUAGE	
SPEAK	
COMPUTER LITERACY	

I SUBMIT MY NAME AS A CANDIDATE FOR THE POSITION OF PROTEA TEAM MANAGER

FOR **MEN** ☐ / **WOMEN** ☐ / **MASTERS** ☐

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I WISH TO REPRESENT SOUTH AFRICA IN THE FOLLOWING:

YES/NO

2026 AUSC REGION 5 SENIOR DARTS CHAMPIONSHIPS SCHEDULED TO BE HELD IN BOTSWANA. VENUE AND DATES TO BE CONFIRMED.	
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I AM A SOUTH AFRICAN CITIZEN AND HOLD A VALID IDENTITY BOOK AND SOUTH AFRICAN PASSPORT. CERTIFIED COPIES OF BOTH ARE ATTACHED TO THE APPLICATION TOGETHER WITH **ONE** PASSPORT SIZE PHOTOGRAPH.

MY PREVIOUS EXPERIENCE AS A MANAGER OF A DARTS TEAM (A CV MAY BE ATTACHED):

LEVEL	YEAR/S + RESULTS
PROTEA / AUSC R 5 DARTS CONFEDERATION (ZONE VI)	
PROTEA – WORLD CUP	
PROVINCIAL	
OTHER (PROVIDE DETAILS)	

IF SELECTED, I UNDERSTAND AND ACCEPT:

1. That I represent my country and Darts South Africa (DSA) and that I am subject to and will apply the Code of Conduct as laid down by DSA.
2. That I am subject to any disciplinary action should I fail to abide by the tour rules or fail to conduct myself in an acceptable manner.
3. That I will purchase and/or have available a regulation blazer, formal shirt/s, formal trousers/slacks and tracksuit as laid down by DSA.
4. That I will be available to meet with DSA Officials/National Selectors during the playing of the 2025 SA National Championships.
5. That I will attend a Managers and Players briefing immediately after the Closing Ceremony on Saturday 19 July 2025 when the team will be announced.
6. That I will collect and submit to DSA whatever player information is required for visa and National colours applications.
7. That I will give a daily report of each day's results and a summary of the final results to a nominated DSA Official for local distribution.
8. That I will strive to achieve the performance targets set by DSA.

9. That I will provide a written detailed team and individual performance report with 14 days of the team's return to South Africa. This report to be submitted to the General Secretary which will then be submitted to SASCOC.
10. That I will give full co-operation and support to the Tour Group Leader and work with fellow team managers in the interests of achieving the best results.
11. That I will personally attend all meetings arranged by the event management and do whatever is in the best interests of my country and of the team at these meetings.
12. Appointed Managers may be required to contribute towards the costs of the tour, which contribution will be determined by the Financial Director. All additional expenses are for the Managers personal account. The Managers may be presented with a payment plan by the Financial Director.
13. That I require a formal letter from DSA to support my special personal fund raising towards my personal tour costs. I will not misrepresent to the public or any other party my amount of funds required.
14. That, if I am found guilty of any serious misconduct, I will be personally responsible for any costs that may be involved; and
15. That I agree to be tested for substance abuse (drug testing) by the African Union Sports Council Region 5 Darts Confederation (Zone VI) or the World Darts Federation.

IF SELECTED I WILL REPRESENT MY COUNTY WITH PRIDE AND HONOUR.

PRINT NAME: _____

SIGNATURE: _____

WITNESSED BY:

MY APPLICATION HAS THE SUPPORT OF:

PROVINCE: _____

PROVINCIAL PRESIDENT/SECRETARY: _____

(PRINT NAME)

SIGNATURE: _____

OTHER (State name of organization): _____

PRINT NAME: _____

SIGNATURE OF SENIOR OFFICIAL: _____