

FATAL PASSION DARTS

GRIEVANCE FORM

DATE OF GRIEVANCE _____

TEAM NAME _____

YOUR NAME _____

AGAINST _____

LEAGUE NAME _____

State Grievance (be specific):

Reason for:

SIGNATURES:

mail to:
Kevin Frasz
756 32nd Ave NE
Great Falls, MT 59404
Or email to:
kfrasz@yahoo.com