

SACO RIVER DART LEAGUE

SRDL FALL 2009 ROSTER

League Use Only:

Final Division Seeding: _____

Team % for Division Requested: _____

of Players _____ (Reg _____ Board _____)

\$\$ Due _____ \$\$ Paid _____

BAR NAME:	BAR CONTACT:
BAR ADDRESS:	BAR PHONE #:
City, State, Zip:	\$70 TEAM SPONSOR FEE PAID:
TEAM NAME:	DIVISION REQUESTED (CIRCLE ONE): A B C D
CAPTAIN:	CO-CAPT:
Mailing Address:	Mailing Address:
City, State, Zip:	City, State, Zip
Alternate Contact Person & Phone (if required*):	

league use, leave blank	PLAYER NAME**	PHONE	PAST EXPERIENCE Leagues, divisions, shootouts...	PLAYER DUES \$15
	1.(Captain)			
	2.(Co-Capt)			
	3.			
	4.			
	5.			
	6.			
	7.			
TOTAL:				

* A third player must be designated as emergency team contact if captain & co-captain are from same household.

** Minimum 4 players, maximum 7 FOR ALL DIVISIONS. Please make every effort to use correct spellings...

<<<---- Optional, primary e-mail contact address.

Mail roster to SACO RIVER DART LEAGUE ~ P.O. BOX 633 ~ SACO, ME 04072

INCOMPLETE FORMS MAY BE SENT BACK!

By submitting this form, you certify that you have read the accompanying information sheet, understand your responsibilities, and agree to abide by the Rules & Regulations and By-Laws of the Saco River Dart League.