



	League Use Only: Final Division Seeding: _____ Team % for Division Requested: _____ # of Players _____ (Reg Board _____) \$\$ Due _____ \$\$ Paid _____
<h2 style="margin: 0;">SRDL SPRING 2012 ROSTER</h2>	

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*):	

PLEASE LIST EACH PLAYERS SHIRT SIZE BELOW	PLAYER NAME**	PHONE	PAST EXPERIENCE Leagues, divisions, shootouts...	PLAYER DUES \$15
	1.(Captain)			
	2.(Co-Capt)			
	3.			
	4.			
	5.			
	6.			
	7.			
	8			
	9			
TOTAL:				

* A third player must be designated as emergency team contact if captain & co-captain are from same household.
 ** Minimum 4 players, maximum 9 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.