

# Seacoast Dart Association, Inc.

P.O. Box 8444 Portsmouth, NH 03802-8444 Phone: (603) 380-0451 Fax: (603) 372-5915 E-Mail: jerry4sda@metrocast.net

## ADD Form

MEMBERSHIP APPLICATION - MEMBERSHIP FEE \$15.00

A \$25 fee will be charged for all bank returned checks!

TEAM NAME: \_\_\_\_\_ DIVISION: \_\_\_\_\_ SEASON: \_\_\_\_\_ WEEK #: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

STREET: \_\_\_\_\_ APT #: \_\_\_\_\_ PHONE #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PLAYER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ Prev. League/Div. \_\_\_\_\_

All Players MUST be 21 years of age or older to play in the Seacoast Dart Association.

# Seacoast Dart Association, Inc.

P.O. Box 8444 Portsmouth, NH 03802-8444 Phone: (603) 380-0451 Fax: (603) 372-5915 E-Mail: jerry4sda@metrocast.net

## ADD Form

MEMBERSHIP APPLICATION - MEMBERSHIP FEE \$15.00

A \$25 fee will be charged for all bank returned checks!

TEAM NAME: \_\_\_\_\_ DIVISION: \_\_\_\_\_ SEASON: \_\_\_\_\_ WEEK #: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

STREET: \_\_\_\_\_ APT #: \_\_\_\_\_ PHONE #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PLAYER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ Prev. League/Div. \_\_\_\_\_

A Player MUST be 21 years of age or older to play in the Seacoast Dart Association.

# Seacoast Dart Association, Inc.

P.O. Box 8444 Portsmouth, NH 03802-8444 Phone: (603) 380-0451 Fax: (603) 372-5915 E-Mail: jerry4sda@metrocast.net

## ADD Form

MEMBERSHIP APPLICATION - MEMBERSHIP FEE \$15.00

A \$25 fee will be charged for all bank returned checks!

TEAM NAME: \_\_\_\_\_ DIVISION: \_\_\_\_\_ SEASON: \_\_\_\_\_ WEEK #: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

STREET: \_\_\_\_\_ APT #: \_\_\_\_\_ PHONE #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PLAYER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ Prev. League/Div. \_\_\_\_\_

All Players MUST be 21 years of age or older to play in the Seacoast Dart Association.