



Fall 2017 Roster Form

Office Use

TEAM NAME _____ (16 Character Maximum)

SPONSOR: _____ TEL: _____

PUB NAME: _____

Division Preference: _____ (Optional)
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PUB ADDRESS: _____ ZIP: _____

Phone Numbers and Addresses for the Captain and Assistant Captain are REQUIRED!!
Updates must be sent to the League if they change during the season. (Phones are required for Captains & Assistants.)

CAPTAIN	PHONE: _____	Prev. League/Div. _____
ADDRESS: _____	ZIP: _____	
E-Mail Address: _____		
Assist. Capt.	PHONE: _____	Prev. League./Div. _____
ADDRESS: _____	ZIP: _____	
E-Mail Address: _____		

Team Registration Fee MUST accompany this roster, for it to be accepted.
FALL 2017 REGISTRATION FEE: \$150.00 PER TEAM & MEMBERSHIP FEE: \$15.00 PER MEMBER
 Registration and Membership Fees Non-refundable. A \$25 fee will be charged for bank returned checks!!!!
 Fall Rosters require a minimum of six (6) players and a maximum of nine (9) players.
All Players MUST be 21 years of age or older to play.

ROSTER MAIL IN DEADLINE:	THURSDAY	July 13th	
ROSTER TURN-IN MEETINGS:	THURSDAY	July 13th	7:00 PM at Hebert's Restaurant
CAPTAINS MEETING:	WEDNESDAY	August 16th	7:00 PM

Each team must send a representative (player from their roster) to the Captains meeting or they will receive a one point penalty
 FALL 2017 SEASON BEGINS WEDNESDAY August 23th 7:00 PM

3. _____ PHONE: _____ Prev. League/Div. _____
 E-Mail ADDRESS: _____ ZIP: _____

4. _____ PHONE: _____ Prev. League/Div. _____
 E-Mail ADDRESS: _____ ZIP: _____

5. _____ PHONE: _____ Prev. League/Div. _____
 E-Mail ADDRESS: _____ ZIP: _____

6. _____ PHONE: _____ Prev. League/Div. _____
 E-Mail ADDRESS: _____ ZIP: _____

7. _____ PHONE: _____ Prev. League/Div. _____
 E-Mail ADDRESS: _____ ZIP: _____

8. _____ PHONE: _____ Prev. League/Div. _____
 E-Mail ADDRESS: _____ ZIP: _____

9. _____ PHONE: _____ Prev. League/Div. _____
 E-Mail ADDRESS: _____ ZIP: _____

Seacoast Dart Association, Inc.