



Summer 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.
SUMMER 2016 REGISTRATION FEE: \$100.00 PER TEAM & MEMBERSHIP FEE: \$15.00 PER MEMBER

Registration and Membership Fees Non-refundable. A \$25 fee will be charged for bank returned checks!!!!

Summer Rosters require a minimum of four (4) 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	April 13th	
ROSTER TURN-IN MEETING:	THURSDAY	April 13th	7:00 PM at Hebert's Restaurant (Portsmouth)
CAPTAINS MEETING:	THURSDAY	May 11th	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			
SUMMER 2017 SEASON BEGINS	WEDNESDAY	May 17th	7:00 PM

3.	PHONE:	Prev. League/Div.
ADDRESS:		ZIP:
4.	PHONE:	Prev. League/Div.
ADDRESS:		ZIP:
5.	PHONE:	Prev. League/Div.
ADDRESS:		ZIP:
6.	PHONE:	Prev. League/Div.
ADDRESS:		ZIP:
7.	PHONE:	Prev. League/Div.
ADDRESS:		ZIP:
8.	PHONE:	Prev. League/Div.
ADDRESS:		ZIP:
9.	PHONE:	Prev. League/Div.
ADDRESS:		ZIP:

Seacoast Dart Association, Inc.

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