



ROSTER FORM

Spring 2019

Office Use

TEAM NAME _____ (16 Character Maximum)

SPONSOR: _____ TEL: _____

PUB NAME: _____

Division Preference: _____ (Optional)
--

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.
SPRING 2019 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!!!!

Spring 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	November 15th	
ROSTER TURN-IN MEETING:	THURSDAY	November 15th	7:00 PM at Hebert's Restaurant Portsmouth, NH
CAPTAINS MEETING:	THURSDAY	January 3rd	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
SPRING 2019 SEASON BEGINS WEDNESDAY January 9th 7:00 PM

3. _____ PHONE: _____ Prev. League/Div. _____
EMAIL ADDRESS: _____

4. _____ PHONE: _____ Prev. League/Div. _____
EMAIL ADDRESS: _____

5. _____ PHONE: _____ Prev. League/Div. _____
EMAIL ADDRESS: _____

6. _____ PHONE: _____ Prev. League/Div. _____
EMAIL ADDRESS: _____

7. _____ PHONE: _____ Prev. League/Div. _____
EMAIL ADDRESS: _____

8. _____ PHONE: _____ Prev. League/Div. _____
EMAIL ADDRESS: _____

9. _____ PHONE: _____ Prev. League/Div. _____
EMAIL ADDRESS: _____

Seacoast Dart Association, Inc.