



Fall 2010 Roster Form

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.
FALL 2010 REGISTRATION FEE: **\$125.00** PER TEAM & MEMBERSHIP FEE: \$10.00 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 22nd
If you Fax in a roster it needs to be mailed also to guarantee that the roster is received
ROSTER TURN-IN MEETINGS: THURSDAY July 22nd 7:00 PM at Dover Moose Lodge Dover, NH
CAPTAINS MEETING: THURSDAY August 19th 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 2010 SEASON BEGINS WEDNESDAY August 25th 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.