



# Fall 2009 Roster Form

Office Use
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_____
_____

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.)

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

### Team Registration Fee MUST accompany this roster, for it to be accepted.

FALL 2009 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 16th	
ROSTER TURN-IN MEETINGS:	THURSDAY	July 16th	7:00 PM at Jitto's (Supersteak) Portsmouth, NH
CAPTAINS MEETING:	THURSDAY	August 13th	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 2009 SEASON BEGINS	WEDNESDAY	August 19th	7:00 PM
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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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