



ROSTER FORM

Spring 2010

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 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!!!!

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 19th	
ROSTER TURN-IN MEETING:	THURSDAY	November 19th	7:00 PM at Jitto's (Supersteak) Portsmouth, NH
CAPTAINS MEETING:	WEDNESDAY	January 6th	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 2010 SEASON BEGINS	WEDNESDAY	January 13th	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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