

# PALM BEACH COUNTY DARTING ASSOCIATION

## OFFICIAL TEAM ROSTER ENTRY FORM

Please list all players on your roster so that your team may be placed in a division that will closely match your team's level skill. Changes may be made anytime before the deadline listed below.

### **ROSTER MUST BE TURNED IN BY: September 13th**

WE MUST HAVE ADDRESS or E-MAIL & PHONE NUMBER FOR EACH PLAYER (Required by the FDA)

BAR SPONSORS NAME

PHONE NUMBER

DIVISION REQ.

**Divisions 1 / 2 MONDAY NIGHT** \_\_\_\_\_ **Divisions A / B WEDNESDAY NIGHT** \_\_\_\_\_

Limit 6 players

Limit 7 players

A lady must play on Wednesday

Please put Captain first

please, circle Male or Female

**E-mail address** \_\_\_\_\_ **or Fax number** \_\_\_\_\_

Person receiving standings

|      | PLAYER         | PHONE NUMBER              | DIV LAST PLAYED |
|------|----------------|---------------------------|-----------------|
| M 1. | _____          | _____                     | _____           |
| F    | _____          |                           |                 |
|      | E-mail Address | Home address if no e-mail |                 |
| M 2. | _____          | _____                     | _____           |
| F    | _____          |                           |                 |
|      | E-mail Address | Home address if no e-mail |                 |
| M 3. | _____          | _____                     | _____           |
| F    | _____          |                           |                 |
|      | E-mail Address | Home address if no e-mail |                 |
| M 4. | _____          | _____                     | _____           |
| F    | _____          |                           |                 |
|      | E-mail Address | Home address if no e-mail |                 |
| M 5. | _____          | _____                     | _____           |
| F    | _____          |                           |                 |
|      | E-mail Address | Home address if no e-mail |                 |
| M 6. | _____          | _____                     | _____           |
| F    | _____          |                           |                 |
|      | E-mail Address | Home address if no e-mail |                 |
| M 7. | _____          | _____                     | _____           |
| F    | _____          |                           |                 |
|      | E-mail Address | Home address if no e-mail |                 |

**NEW SEASON WILL BEGIN THE WEEK OF...SEPTEMBER 17<sup>TH</sup> WITH CAPTAINS MEETINGS**

**PACKET PICK UP TO BE ANNOUNCED**

Deadline for the payment of dues will be the third week of play. Penalties for late payments are outlined in the rulebook received in your Captains packet. Please contact...Brian Lewis if you need additional information.

Cell: 561-714-0367 Email: SHOOTDARTS@GMAIL.COM