

**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 any time before the deadline listed below, after the deadline you must notify the membership committee of any player being added with a 24 hour notice prior to match play.

**ROSTER MUST BE TURNED IN BY: February 21st**

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

SPONSORS NAME (BAR) \_\_\_\_\_ 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 \_\_\_\_\_ 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...MARCH 7<sup>th</sup>** PACKET PICK UP TO BE ANNOUNCED

Deadline for the payment of dues will be the third week. Penalties for late payments are outlined in the rulebook received in your Captains packet. Please text rosters to 561-714-0367 or email: shootdarts@gmail.com

