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, 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: March 12th

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

| Divisions 1 / 2 MONDAY NIGHT Limit 6 players Please put Captain first please, circle M | | | | PHONE NUMBER | DIVISION REQ. |
|--|----|----------------|----------------------------|---|-----------------|
| | | | | Divisions A / B WEDNESDAY NIGHT Limit 7 players A lady must play on Wednesday Male or Female | |
| | | | | | |
| | | PLAYER | Person receiving standings | | DIV LAST PLAYED |
| M | 1. | | | | _ |
| F | | | | | |
| M | | | Home address if | no e-mail | |
| | | | | | - |
| | | E-mail Address | Home address if | no e-mail | |
| F | ٥. | | | | _ |
| | | | Home address if | no e-mail | |
| | | | | | |
| F M | | E-mail Address | Home address if | | |
| | 3. | | | | |
| F | | E-mail Address | Home address if | no e-mail | |
| M | 6. | | | | _ |
| F | | E 11 A 11 | TT 11 'C | | |
| M | 7. | | Home address if | | |
| F | | | | | |
| | | F mail Address | Home address if | no a mail | |

NEW SEASON WILL BEGIN THE WEEK OF...MARCH 21st

PACKET PICK UP TO BE ANNOUNCED

Deadline for the payment of dues is the 3rd week. 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