



# 2018 Fall Dart Registration

## FARGO - MOORHEAD - WEST FARGO



Please Print Clearly, and include address and phone number to better assist us.

Name of Bar Sponsoring your Team \_\_\_\_\_

**Team Name:** \_\_\_\_\_

Team Names - This will be the name of your team on standings. You don't need to pick one now, but if you don't, the name will be your bar's name and the last name of the captain. **After leagues have begun, names can not be changed.**

**Captain's Name:** \_\_\_\_\_

**Captain's Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Work/Cell:** \_\_\_\_\_

**Phone #'s**      **Home:** \_\_\_\_\_      **E-Mail:** \_\_\_\_\_

(Both phone numbers are required unless you use a cell phone and can answer it during the daytime hours.) These numbers are necessary so we can reach you. If a work number is unavailable, we must have another contact on the team. If you have an email address that you check regularly - please include that information also.

**Did your team play last year? (even if members have changed)**       Yes       No

Team Name:(Last Years) \_\_\_\_\_

Please Check One. *(MUST FILL OUT SEPARATE FORM FOR EACH NIGHT YOU PLAN TO PLAY)*

|  |   |   |   |   |
|--|---|---|---|---|
| <p><u>MONDAY</u></p> <p>Open Cricket      <input type="checkbox"/></p> | <p><u>TUESDAY</u></p> <p>Ladies 301 Combo      <input type="checkbox"/></p> | <p><u>WEDNESDAY</u></p> <p>Open 501 Combo      <input type="checkbox"/></p> | <p><u>THURSDAY</u></p> <p>Couples Combo      <input type="checkbox"/></p> | <p><u>FRIDAY</u></p> <p>Mixed TripleCombo      <input type="checkbox"/></p> |
|--|---|---|---|---|

PLEASE LIST BELOW THE NAMES OF ALL YOUR PLAYERS. YOU MUST LIST YOUR FOUR REGULAR PLAYERS  
**You must include players addresses**

|                 |   |
|-----------------|---|
| <b>CAPTAIN</b>  | Captain Information- if you filled out the top of the form you do not need to duplicate the info for this player! |
| <b>PLAYER 2</b> | <b>NAME:</b> _____  |
| <b>ADDRESS</b>  | _____   |
| <b>EMAIL</b>    | _____   |
| <b>PHONE</b>    | _____   |
| <b>PLAYER 3</b> | <b>NAME:</b> _____  |
| <b>ADDRESS</b>  | _____   |
| <b>EMAIL</b>    | _____   |
| <b>PHONE</b>    | _____   |
| <b>PLAYER 4</b> | <b>NAME:</b> _____  |
| <b>ADDRESS</b>  | _____   |
| <b>EMAIL</b>    | _____   |
| <b>PHONE</b>    | _____   |
| <b>SUB</b>      | <b>NAME:</b> _____  |
| <b>ADDRESS</b>  | _____   |
| <b>EMAIL</b>    | _____   |
| <b>PHONE</b>    | _____   |