



2018 Fall Dart Registration South Dakota



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.**

<u>Player 1</u>		check box
Captain's Name:	_____	Sanction _____
		New to dart league? _____
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) _____

Put an X in the box BELOW the league you intend to play

Watertown			Milbank		Castlewood		Goodwin	Hamlin
Tuesday	Wednesday	Thursday	Thursday	Friday mix		Thursday	Friday	Thursday
501	501	01/Cricket Combo	501			501	501	501

PLEASE LIST BELOW THE NAMES OF ALL YOUR PLAYERS. YOU MUST LIST YOUR FOUR REGULAR PLAYERS
You must include players addresses and phone numbers!!

PLAYER 2	NAME: _____	check box
<u>ADDRESS</u>	_____	Sanction _____
<u>EMAIL</u>	_____	New to dart league? _____
<u>PHONE</u>	_____	

PLAYER 3	NAME: _____	check box
<u>ADDRESS</u>	_____	Sanction _____
<u>EMAIL</u>	_____	New to dart league? _____
<u>PHONE</u>	_____	

PLAYER 4	NAME: _____	check box
<u>ADDRESS</u>	_____	Sanction _____
<u>EMAIL</u>	_____	New to dart league? _____
<u>PHONE</u>	_____	

SUB	NAME: _____	check box
<u>ADDRESS</u>	_____	Sanction _____
<u>EMAIL</u>	_____	New to dart league? _____
<u>PHONE</u>	_____	