

West Suburban Dart Association Team Roster

This form must be filled out completely! This information **must** be supplied each time you register a team so that we may maintain accurate information on your team and its players. **The W.S.D.A reserves the right to refuse any registration form that is not correctly filled out.**

THIS FORM MUST BE ACCOMPANIED BY THE \$120 TEAM FEE AT THE TIME OF REGISTRATION

Season: _____	Year: _____
Home Bar: _____	Phone: _____
Address: _____	No. of Boards: _____
City: _____	Owner/Mgr. _____
Zip: _____	

Division Preference:	1st: _____	2nd: _____
Team Name Last Season:	_____	
Team Name This Season:	_____	

<input type="checkbox"/>	CAPTAIN	email: _____
	Member # _____	Name: _____
	Cell Ph: _____	Address: _____
	Home Ph: _____	City: _____
	Work Ph: _____	Zip: _____

<input type="checkbox"/>	Member # _____	email: _____
	Cell Ph: _____	Name: _____
	Home Ph: _____	Address: _____
	Work Ph: _____	City: _____
		Zip: _____

<input type="checkbox"/>	Member # _____	email: _____
	Cell Ph: _____	Name: _____
	Home Ph: _____	Address: _____
	Work Ph: _____	City: _____
		Zip: _____

<input type="checkbox"/>	Member # _____	email: _____
	Cell Ph: _____	Name: _____
	Home Ph: _____	Address: _____
	Work Ph: _____	City: _____
		Zip: _____

<input type="checkbox"/>	Member # _____	email: _____
	Cell Ph: _____	Name: _____
	Home Ph: _____	Address: _____
	Work Ph: _____	City: _____
		Zip: _____

<input type="checkbox"/>	Member # _____	email: _____
	Cell Ph: _____	Name: _____
	Home Ph: _____	Address: _____
	Work Ph: _____	City: _____
		Zip: _____

No. of players Membership Fees:	1. 2. 3. 4. 5. 6. 7.	\$10.00 per season	BOARD	Due: <input type="text"/>	Team Fee: _____
			USE	Total Received: _____	
Player Fees Rec'd _____			ONLY	Due: <input type="text"/>	Received By: _____

**West Suburban Dart Association
Team Roster**

<input type="checkbox"/>	Member # _____	email: _____
	Cell Ph: _____	Name: _____
	Home Ph: _____	Address: _____
	Work Ph: _____	City: _____
		Zip: _____

<input type="checkbox"/>	Member # _____	email: _____
	Cell Ph: _____	Name: _____
	Home Ph: _____	Address: _____
	Work Ph: _____	City: _____
		Zip: _____

<input type="checkbox"/>	Member # _____	email: _____
	Cell Ph: _____	Name: _____
	Home Ph: _____	Address: _____
	Work Ph: _____	City: _____
		Zip: _____

<input type="checkbox"/>	Member # _____	email: _____
	Cell Ph: _____	Name: _____
	Home Ph: _____	Address: _____
	Work Ph: _____	City: _____
		Zip: _____

<input type="checkbox"/>	Member # _____	email: _____
	Cell Ph: _____	Name: _____
	Home Ph: _____	Address: _____
	Work Ph: _____	City: _____
		Zip: _____

<input type="checkbox"/>	Member # _____	email: _____
	Cell Ph: _____	Name: _____
	Home Ph: _____	Address: _____
	Work Ph: _____	City: _____
		Zip: _____