

Date Rcvd: _____
 Amt Rcvd: _____
 Rcvd By: _____
 Season: _____

Triangle Dart League

Team Roster

Welcome to the Triangle Dart League (TDL). Please fill out this form completely. **League dues of \$25.00/per player for the season are due when you hand in this roster.** Please list team captain first. Team captain MUST have an email address and at least one phone number listed. No rosters will be accepted with fewer than four players or more than ten.

Team Name: _____

Home Bar Preference (if any): _____

	<u>M/F</u>	<u>Player Name</u>	<u>Email Address</u>	<u>Phone Number</u>
C	___	_____	_____	H: _____ W: _____ C: _____
2	___	_____	_____	H: _____ W: _____ C: _____
3	___	_____	_____	H: _____ W: _____ C: _____
4	___	_____	_____	H: _____ W: _____ C: _____
5	___	_____	_____	H: _____ W: _____ C: _____
6	___	_____	_____	H: _____ W: _____ C: _____
7	___	_____	_____	H: _____ W: _____ C: _____
8	___	_____	_____	H: _____ W: _____ C: _____
9	___	_____	_____	H: _____ W: _____ C: _____
10	___	_____	_____	H: _____ W: _____ C: _____