

ISLAND WIDE DART LEAGUE, INC. REGISTRATION

BAR: _____
ADDRESS: _____
ZIP: _____ EMAIL ADDRESS: _____
PHONE: _____ NUMBER OF BOARDS: _____

TEAM INFORMATION (last season):

HAVE YOU PLAYED TOGETHER AS A TEAM BEFORE: _____
TEAM NAME: _____ BAR: _____
DIVISION: _____ FINISH LAST SEASON: _____

TEAM INFORMATION (this season):

TEAM NAME: _____

STRENGTH OF TEAM (circle one): WEAK GOOD STRONG

SHIRT SIZE: Please select one of the following for each member of the team: Medium, Large, XL, 2x, 3x, 4x, 5x

Captains Name Home Address w/ Zip Code Shirt Size

1. _____

Home # _____ Cell # _____ Email Address _____

Co-Captains Name and Cell Phone # _____ Email Address _____

2. _____

Players Name Shirt Size

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

NOTE: THE ROSTER THAT IS SUBMITTED IS THE ROSTER THAT WILL BE USED FOR THE FIRST 3 WEEKS.

TOTAL REGISTRATION FEE IS \$200.00 PER TEAM.

REGISTRATION AT

Talk of the Town

24 Giffords Lane, 948-9442

Tuesday, August 13th, 2024 @ 8:00 P.M.

NEW SEASON BEGINS TUESDAY, September 10TH, 2024

