ISLAND WIDE DARTS, 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 18th, 2026 @ 8:00 P.M.

NEW SEASON BEGINS TUESDAY, September 15TH