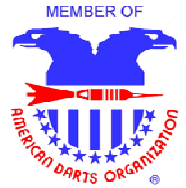




Norwalk British Dart League
 304 Main Ave, Suite 271, Norwalk, CT 06851
 Fax: (866) 618-7944 E-Mail: info@norwalkdartleague.com
www.norwalkdartleague.com



TEAM NAME: _____ TEL: _____

ADDRESS: _____

Division Preference: _____

CITY: _____ STATE: _____ ZIP: _____

Phone Numbers and Addresses for ALL Players are Required !!

Updates must be sent to the league if they change during the season.

CAPTAIN: _____ E-MAIL ADDRESS: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

ASSIST. CAPT: _____ E-MAIL ADDRESS: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

3) _____ E-MAIL ADDRESS: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

4) _____ E-MAIL ADDRESS: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

5) _____ E-MAIL ADDRESS: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

6) _____ E-MAIL ADDRESS: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

7) _____ E-MAIL ADDRESS: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

8) _____ E-MAIL ADDRESS: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

9) _____ E-MAIL ADDRESS: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____ CELL PHONE: _____

Team Registration Fee MUST accompany this roster for it to be accepted.

Registration fees are non-refundable. A \$35 fee will be charged for returned checks.

All Players MUST be 21 years of age or older to play