



AMERICAN DART LEAGUE

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TEAM REGISTRATION FORM

Team Name: _____ Home Location: _____

Day Of Play: SU MO TU WE TH FR SA Division Name: _____

Pick-up/Drop-Off Location: THE BREAK

Circle One: Neutralizer - Open / SOFT TIP - STEEL TIP

Mark One Of The Following

- Existing Team:**
Please register our team with our current roster. We understand we can change players as needed during the first four weeks of play.
- Existing Team:**
Please register our team with the roster listed below. We understand we can change as needed during the first four weeks of play.
- New Team:**
Please register our team as listed below. We understand we can change players as needed during the first four weeks of play. Any player who has played in the American Dart League before will play at the average he/she had when they last played, and any player who does not have a current ADA membership will pay their \$20.00 membership fee the first week.

(The team captain is required to have a TELEPHONE)

(Someone on the team needs to have INTERNET to receive weekly STATS.)

		PPDA
Team Captain: _____ Telephone: _____	_____	_____
Player #2: _____ Telephone: _____	_____	_____
Player #3: _____ Telephone: _____	_____	_____
Player #4: _____ Telephone: _____	_____	_____
Player #5: _____ Telephone: _____	_____	_____
Player #6: _____ Telephone: _____	_____	_____
TOTAL	_____	_____