

Savannah Area Darting Association

P.O. Box 23553
Savannah, Ga. 31403
912 525-2001

www.savdarts.org

| | |
|-----------------|-------|
| Date Contacted: | _____ |
| Whom Contacted: | _____ |
| Dues Received: | _____ |
| Date Eligible: | _____ |

Adds / Deletes / Changes

Above for League Use Only

Team Name: _____
Team #: _____
Captain: _____

**NOTE: Birth Dates and a Copy of I.D.
are Required for Any Players Under
21 Years of Age**

| | | | |
|----------------------|--------|--------------------------|---|
| If this Player is an | ADD | <input type="checkbox"/> | Please Provide the Information Requested Below. |
| If this Player is a | DELETE | <input type="checkbox"/> | Why is This Player Being Deleted? _____ |

| | | | |
|--------------------------|-------------------|----------------------|---|
| Name: _____ | Home Phone: _____ | Email Address: _____ | |
| Address: _____ | Work Phone: _____ | | |
| City: _____ State: _____ | Zip: _____ | M | F |

1

| | | | |
|----------------------|--------|--------------------------|---|
| If this Player is an | ADD | <input type="checkbox"/> | Please Provide the Information Requested Below. |
| If this Player is a | DELETE | <input type="checkbox"/> | Why is This Player Being Deleted? _____ |

| | | | |
|--------------------------|-------------------|----------------------|---|
| Name: _____ | Home Phone: _____ | Email Address: _____ | |
| Address: _____ | Work Phone: _____ | | |
| City: _____ State: _____ | Zip: _____ | M | F |

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| | | | |
|----------------------|--------|--------------------------|---|
| If this Player is an | ADD | <input type="checkbox"/> | Please Provide the Information Requested Below. |
| If this Player is a | DELETE | <input type="checkbox"/> | Why is This Player Being Deleted? _____ |

| | | | |
|--------------------------|-------------------|----------------------|---|
| Name: _____ | Home Phone: _____ | Email Address: _____ | |
| Address: _____ | Work Phone: _____ | | |
| City: _____ State: _____ | Zip: _____ | M | F |

3

| | | | |
|----------------------|--------|--------------------------|---|
| If this Player is an | ADD | <input type="checkbox"/> | Please Provide the Information Requested Below. |
| If this Player is a | DELETE | <input type="checkbox"/> | Why is This Player Being Deleted? _____ |

| | | | |
|--------------------------|-------------------|----------------------|---|
| Name: _____ | Home Phone: _____ | Email Address: _____ | |
| Address: _____ | Work Phone: _____ | | |
| City: _____ State: _____ | Zip: _____ | M | F |

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Please be certain that the above information is filled in correctly and completely and that this form and all dues are received by the Membership Chairman.

ADDED players will be eligible to play on the first match night following receipt of this form and the player's dues by the Membership Chairman. Cutoff is 12:00 Midnight Friday for a postmark if mailed. Cutoff is 8:00 PM Monday if hand-delivered to the Membership Chairman.

DELETED players will be ineligible to play on any other team during the season if he/she has played in any game during the season. Players dues are not refunded, however, players who have been deleted without playing may request credit toward the following season's dues.

Players may NOT be added after week eleven (11) except for emergencies.