

Savannah Area Darting Association

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

www.savdarts.org

Year: _____
Winter Summer Fall
New Team Number: _____

Team Roster

Team Name:	Home Pub:		
Captain:	Address:		
Phone:	City:	State:	
Cell:	Zip:	Phone:	

Name:	Home Phone:			1
Address:	Work Phone:			
City: State:	Zip:	M	F	
Name:	Home Phone:			2
Address:	Work Phone:			
City: State:	Zip:	M	F	
Name:	Home Phone:			3
Address:	Work Phone:			
City: State:	Zip:	M	F	
Name:	Home Phone:			4
Address:	Work Phone:			
City: State:	Zip:	M	F	
Name:	Home Phone:			5
Address:	Work Phone:			
City: State:	Zip:	M	F	
Name:	Home Phone:			6
Address:	Work Phone:			
City: State:	Zip:	M	F	
Name:	Home Phone:			7
Address:	Work Phone:			
City: State:	Zip:	M	F	
Name:	Home Phone:			8
Address:	Work Phone:			
City: State:	Zip:	M	F	
Name:	Home Phone:			9
Address:	Work Phone:			
City: State:	Zip:	M	F	
Name:	Home Phone:			10
Address:	Work Phone:			
City: State:	Zip:	M	F	

Please be certain that the above information is filled in completely and that this form and all dues are received by the league by the required date.

Sponsor fees: \$30.00 per team, per season.
 Player dues: \$15.00 per player, per season.

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

For League Use Only
Sponsor fees: \$ _____
Player Dues: \$ _____