

Savannah Area Darting Association

Team Roster Form

All Players must be of legal drinking age as determined by the state of Georgia.

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

Year:			
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">Winter</td> <td style="width: 33%; text-align: center;">Summer</td> <td style="width: 33%; text-align: center;">Fall</td> </tr> </table>	Winter	Summer	Fall
Winter	Summer	Fall	

Team Name:	Home Pub:	
	Address:	
Captain:	City:	State:
Co-Captain:	Zip:	Phone:

Name:	Cell/Home:	Dartconnect Login Email Address:
Address:	Work #:	
City: State:	Zip: Gender:	
Name:	Cell/Home:	Dartconnect Login Email Address:
Address:	Work #:	
City: State:	Zip: Gender:	
Name:	Cell/Home:	Dartconnect Login Email Address:
Address:	Work #:	
City: State:	Zip: Gender:	
Name:	Cell/Home:	Dartconnect Login Email Address:
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Name:	Cell/Home:	Dartconnect Login Email Address:
Address:	Work #:	
City: State:	Zip: Gender:	
Name:	Cell/Home:	Dartconnect Login Email Address:
Address:	Work #:	
City: State:	Zip: Gender:	

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. Players without name, address, and phone numbers will not be accepted .

Sponsor fees: \$40.00 per team, per season.
Player dues: \$20.00 per player, per season.

For League Use Only
Sponser fees:\$
Player Dues: \$