

ARIZONA DARTS LEAGUE

TEAM APPLICATION FOR CHICAGO-STYLE LEAGUE (Thursday Nights)

	SEASON: <u>Spr</u>	ing or Fall (circle one)	YEAR:		
TEAN	И NAME:				
,					
	TEAM		PLEASE PRINT		
	First Name	Last Name	ADL Card #		Team Played on Last
1				in ADL	Season
2					
3					
4					
5					
6					
Capta	in's Name:	Captain	Captain's Cell Phone #:		
Snon	sor Bar:				
эроп	,or bar				
Street Address:		City:Zip Code:			
Sponsor Telephone:		Individu	Individual Contact		
Numl	per of Boards Playable:				

INSTRUCTIONS FOR COMPLETION

Sponsor Fee of \$40.00 (per team, per season) must accompany this form. For each player on this roster an individual application form must accompany this form along with individual player season fees. \$25.00 per person for individual player fees if paid prior to end of week #1. After week 1, individual player fees will be \$30 per person. A minimum of four (4) players (preferred) must be listed on this roster, but more may be listed if desired, with six (6) players recommended as the ideal roster size. All sponsor installations (boards & lights) must be ADL approved. All sponsorship and team inclusions are subject to approval by the Board of Directors.

We accept cash or check payable to **Arizona Darts League.** Either pay a board member in person or give money to your captain. Or mail with this completed form to: **Arizona Darts League**

P.O. Box 26335 Phoenix, AZ. 85068-6335

Preferably, captains should collect money from players and submit payment for entire team at captains meeting.