

Date Rcvd:	_____
Amt Rcvd:	_____
Rcvd By:	_____
Season:	_____

# **Bull City Dart League**

## **Team Roster**

Welcome to the **Bull City Dart League**. Please fill out this form completely. **League dues of \$20.00/per player for the season are due when you hand in this roster.** No rosters will be accepted with fewer than four players or more than eight. If the Bar/Restaurant that you designate as your home bar has not previously been affiliated with the BCDL, league officers will need to verify its suitability and availability. Please list your team captain first.

For details on the league's registration meeting, please see the website (<http://www.thebcdl.org>), the league newsletter (DoubleOut) or contact league officers (ec@thebcdl.org).

Team Name: \_\_\_\_\_

Desired Home Bar: \_\_\_\_\_

<u>M/F</u>	<u>Player Name</u>	<u>email</u>	<u>Phone</u>	<u>Leave Blank</u>	
C. ____	_____	_____	H: _____ W: _____ C: _____	____	____
2. ____	_____	_____	H: _____ W: _____ C: _____	____	____
3. ____	_____	_____	H: _____ W: _____ C: _____	____	____
4. ____	_____	_____	H: _____ W: _____ C: _____	____	____
5. ____	_____	_____	H: _____ W: _____ C: _____	____	____
6. ____	_____	_____	H: _____ W: _____ C: _____	____	____
7. ____	_____	_____	H: _____ W: _____ C: _____	____	____
8. ____	_____	_____	H: _____ W: _____ C: _____	____	____