



APPLICATION FOR TEAM

Fall 2017 Season

TEAM NAME: _____

CAPTAIN'S NAME: _____

CO CAPTAIN'S NAME: _____

Captain Phone: _____

Captain Email address: _____

A minimum of (4) four names, maximum of five (5) names, may show on this form with the signature of bar sponsor to be valid.

Season starts September 5, 2017 and is 15 weeks with Silver and Bronze cup shoot on the 16th week.

Rosters due August 25, 2017. Captains meeting August 29, 2017 at Diamond Hall 7:00 PM.

Sign up Luck of the Draw August 25, 2017 at Diamond Hall 7:00 PM.

Team cost **\$180.00 per team** and **\$5.00 membership dues per player** due in full by the 5th week of play or penalty points will be applied and dismissal will be enforced. See Rules of Play at www.grdl.org website.

PRINT PLAYERS NAME:

Captain _____ Email address _____ Jacket size _____

2. _____ Email address _____ Jacket size _____

3. _____ Email address _____ Jacket size _____

4. _____ Email address _____ Jacket size _____

5. _____ Email address _____ Jacket size _____

SPONSOR (HOME PUB): _____ # OF BOARDS: _____

SPONSOR SIGNATURE _____ DATE: _____

Email your Roster to the GRDL office ASAP, and then Mail hard copy accompanied by VENUE/ SPONSOR CHECK for \$50.00 per team to the GRDL office.

Grand Rapids Dart League PO BOX 411, Rockford MI 49341

Email: president@grdl.org