



APPLICATION FOR TEAM

RETURN to GRDL by January 18, 2010

TEAM NAME: _____

CAPTAIN'S NAME: _____

CO CAPTAIN'S NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____ PHONE: _____

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

Team cost \$240.00 per team per Season 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 NAME:

SIGNATURE:

1. _____ Email address _____

2. _____ Email address _____

3. _____ Email address _____

4. _____ Email address _____

5. _____ Email address _____

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

SPONSOR SIGNATURE _____ DATE: _____

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

Grand Rapids Dart League
PO BOX 888463
Grand Rapids MI 49588-8463

Phone: (616) 980-GRDL
Fax: (616) 828-0285