

ARIZONA DARTS LEAGUE

TEAM APPLICATION FOR CHICAGO-STYLE LEAGUE (Thursday Nights)

SEASON: Spring or Fall (circle one) YEAR: _____

TEAM NAME: _____

	TEAM ROSTER		PLEASE TYPE OR PRINT		
	Last Name	First Name	ADL Card #	# of Seasons in ADL	Team Played on Last Season
1					
2					
3					
4					
5					
6					

Captain's Name: _____

Captain's Address: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Sponsor (Home Pub): _____

Street Address: _____ City: _____ State: _____ Zip: _____

Sponsor Telephone: _____ Individual Contact: _____

No. 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 who is not a current member of the ADL, an individual membership application must accompany this form, along with a \$20.00 season fee. A minimum of four (4) players must be listed on this roster, but more may be listed if desired, with six (6) players recommended as the ideal complement. All sponsor installations must be ADL-approved. All sponsorship and team inclusions are subject to approval by the Board of Directors.

Make checks or money orders payable to Arizona Darts League, and mail with this completed form to:

ARIZONA DARTS LEAGUE, INC.
P.O. BOX 26335
PHOENIX, ARIZONA 85068-6335