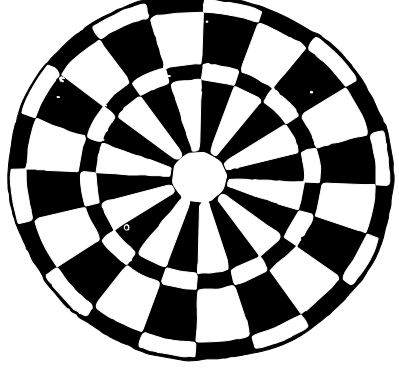




**C & N Sales
Dart Leagues
Official
TEAM ROSTER**



TEAM NAME _____

TYPE OR PRINT - USE INK - FILL OUT COMPLETELY/LEGIBLY

SPONSOR:

PLAYER'S NAME	ADDRESS - STREET/TOWN/ZIP	E-MAIL ADDRESS	PHONE NO.
CAPTAIN			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

LEAGUE:

NIGHT:

FOR OFFICE USE ONLY

PF _____

SF _____

IR _____

FR _____

"I certify, as team captain, the above listed members of my team will abide by the governing league rules and regulations of the C&N Sales Dart League Association and corresponding league affiliations. It is the obligation of this team to participate in all scheduled league matches and to pay respective fees, thereof, to be eligible for league payback and awards. Any additions or deletions to above roster will be with notification to league secretary or league representative. All team members will be familiarized with the rules/regulations governing league play and will participate in a manner indicative of this knowledge."

Captain's Signature

Date

