

Monday

Wednesday

Fall Winter 20__

SPONSORING LOCATION _____ OWNER _____

ADDRESS _____ PHONE NUMBER _____

CITY _____ STATE _____ ZIP _____

TEAM NAME _____

(MUST INCLUDE NAME OF SPONSORING LOCATION AND BE NO MORE THAN 25 CHARACTERS LONG)

CAPTAIN E-MAIL ADDRESS _____

NAME _____ HOME PHONE _____

CAPTAINS - YOUR PHONE NUMBER WILL BE GIVEN TO ALL THE CAPTAINS IN YOUR DIVISION

ADDRESS _____ YEAR LAST PLAYED _____ SHIRT SIZE _____

CITY _____ **STATE** _____ **ZIP CODE** _____ DIVISION _____ SILVER, NICKEL, BRASS, NEW PLAYER

CO-CAPTAIN E-MAIL ADDRESS _____

NAME _____ HOME PHONE _____

ADDRESS _____ YEAR LAST PLAYED _____ SHIRT SIZE _____

CITY _____ STATE _____ ZIP CODE _____ DIVISION _____ SILVER, NICKEL, BRASS, NEW PLAYER

E-MAIL ADDRESS _____

NAME _____ HOME PHONE _____

ADDRESS _____ YEAR LAST PLAYED _____ SHIRT SIZE _____

CITY _____ STATE _____ ZIP CODE _____ DIVISION _____ SILVER, NICKEL, BRASS, NEW PLAYER

E-MAIL ADDRESS _____

NAME _____ HOME PHONE _____

ADDRESS _____ YEAR LAST PLAYED _____ SHIRT SIZE _____

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CITY _____ STATE _____ ZIP CODE _____ DIVISION _____ SILVER, NICKEL, BRASS, NEW PLAYER

E-MAIL ADDRESS _____

AWARDS: (MUGS, T-SHIRTS OR POLO SHIRTS) IF SHIRTS, WHAT COLOR WOULD YOU PREFER? _____

PICK ONE (NAVY, LT BLUE, RED, PURPLE, MAROON, ROYAL, WHITE, BLACK)

WHAT LEVEL TO YOU FEEL THIS TEAM SHOULD BE PLACED IN? __ SILVER __ NICKEL __ BRASS __ NOVICE

I VERIFY THAT EACH PERSON NAMED ON THIS ROSTER IS AT LEAST 21 YEARS OF AGE.

CAPTAINS SIGNATURE

PRINT YOUR NAME

CAPTAINS IT IS YOUR RESPONSIBILITY TO NOTIFY THE BOARD OF ANY CHANGES IN YOUR ADDRESS OR PHONE

NUMBER OF PLAYERS _____ x \$10.00 = \$ _____ + \$75.00 BAR FEE = \$ _____

Contact the league office at 773-445-7700 or www.southsidedartleague.org