

Cross County Dart League

P.O. BOX 173, CARLE PLACE, N.Y. 11514

516-690-3750

ROSTER SHEET/LEAGUE REGISTRATION FORM

FALL/SPRING 20____

BAR/SPONSOR: _____
 ADDRESS: _____

 PHONE NUMBER: _____
 BAR OWNER: _____
 BAR WEBSITE:WWW. _____

NEW TEAM	Y or N
CURRENT TEAM	Y or N
PREVIOUS LEAGUE	_____
DIVISION REQUEST	A-B-C-D-E-F

SPONSOR FEES _____
 (League Use Only)

CAPTAINS NAME: _____
 ADDRESS: _____
 CELL PHONE: _____
 EMAIL: _____
 OTHER PHONE: _____

Rating



RATING SYSTEM: Each player shall be rated from 1-5. 1 being an exceptional player, 5 being a beginner. This system is used to make sure that all teams are placed in their proper division. BE SURE TO GIVE ACCURATE RATINGS. ANY INTENTIONAL MISREPRESENTATION OF A PLAYERS ABILITY WILL RESULT IN DISCIPLINARY ACTION FROM THE EXECUTIVE COMMITTEE, INCLUDING EXPULSION.

Player First and Last Name	Player Email Address	Gender	Rating 1-5
1. PLAYER:		M F	
2. PLAYER:		M F	
3. PLAYER:		M F	
4. PLAYER:		M F	
5. PLAYER:		M F	
6. PLAYER:		M F	
7. PLAYER:		M F	
8. PLAYER:		M F	
9. PLAYER:		M F	

Sign _____
 (I hereby certify the above information is true and accurate to the best of my knowledge)