

**THURSDAY
MIXED LEAGUE**

GEOGRAPHIC PREFERENCE

CITY

SUBURBAN NW

LEVEL OF PLAY REQUESTED

BRONZE (BEGINNER / NOVICE)

SILVER (AVERAGE)

GOLD (ADVANCED)

NOTE: PAST PERFORMANCE OR SCHEDULING CONSIDERATIONS MAY ALTER LEVEL REQUESTED.

OFFICE USE ONLY

TF _____ LC _____

AF _____x\$24 _____

SF _____x\$18 _____

CHECK TO INCREASE CHANCE OF MORE EVEN COMPETITION **OK TO TRAVEL**

TEAM INFORMATION

TEAM NAME: _____

CAPTAIN: _____ M/F _____

ADDRESS: _____

CITY: _____ ST _____ ZIP _____

HOME PHONE: _____

WORK PHONE: _____

MEMBER#: _____ RATING: _____

CAPTAIN'S INFORMATION MUST BE PROVIDED IN FULL BEFORE YOUR TEAM WILL BE ACCEPTED FOR SCHEDULING

A S

BAR INFORMATION

BAR NAME: _____

ADDRESS: _____

CITY: _____ ZIP _____

PHONE: _____ (FOR PUBLICATION)

OWNER/MANG: _____

PHONE: _____ (FOR OFFICE USE ONLY)

DARTBOARDS SUITABLE FOR LEAGUE PLAY

NUMBER OF PRACTICE BOARDS

PLAYER INFORMATION

PLEASE READ REVERSE SIDE BEFORE COMPLETING

LIST COMPLETE INFORMATION FOR ALL OTHER PLAYERS
(MIN 2 WOMEN 2 MEN - MAX 4 WOMEN 4 MEN - *including captain*)

If a player is new to WCD but has previously played league darts you **MUST** provide that information.

REMINDER:

Additions made after submitting this application are subject to Board approval.

Please call the League office to obtain current rating information before adding players to your team.

NAME _____ M/F _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

PHONE _____

MEMBER# _____ RATING: _____

PREVIOUS LEAGUE

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NAME _____ M/F _____

ADDRESS _____

CITY _____ ST _____ ZIP _____

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