

Central Virginia Dart Association

PO Box 14591
Richmond, VA 23221

Team Roster

Team Name *:			
Season & Year (Winter 07, Summer 07, Fall 07)			
Night Requested (Circle one)	Tuesday	Wednesday	
Bracket Requested (Circle one)	Gold	Silver	Bronze
Division Requested (1,2,3)			

Captain Information

Captain's Name:	Phone #: (Required for Contact)	
Address:	City:	Zip:
Email Address: (Requires one member's address for stats)		

Player Information

Name	CVDA ID# **	Address
Player 1:		Address:
Player 2:		Address:
Player 3:		Address:
Player 4:		Address:
Player 5:		Address:
Player 6:		Address:
Player 7:		Address:

Sponsor Information

Sponsor Name:	Phone #:	
Address:	City:	ZIP:

* When applying for Team Membership please consider a Team Name that will not offend other members or the public in general. The CVDA Board will ask you to change the Team Name if we find it unsuitable.

** You can find the Players CVDA ID # on the CVDA web site at www.cvdadarts.com This ID number will be used instead of SSN #'s and will stay with the player during his /her CVDA playing career.