

# Central Virginia Dart Association

PO Box 3085 ♦ Chester, VA 23831

## Team Roster

Team Name \*:

Season & Year

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](http://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.