

# Central Virginia Dart Association

PO Box 2565 ♦ 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)			
<b>Captain Information</b>			
Captain's Name:		Phone #: (Required for Contact)	
Address:		City:	Zip:
Email Address: (Requires one member's address for stats)			
<b>Player Information</b>			
Name		Address	
Player 1:	Address:		
Player 2:	Address:		
Player 3:	Address:		
Player 4:	Address:		
Player 5:	Address:		
Player 6:	Address:		
Player 7:	Address:		
<b>Sponsor Information</b>			
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.