



DART LEAGUE ENTRY & TEAM REGISTRATION

All players must be at least 21 years of age

We reserve the right to refuse registration of any team or individual into our league system

LEAGUE NAME _____

TEAM NAME (Your home location will be the beginning of your name)

Names with profanity will be changed w/out prior notification!

LOCATION: _____

DAY OF COMPETITION: Mon. Tues. Wed. Thurs. Fri.

For more information contact:

Alvin Gerlach - League Director

Office: 605-229-0760

Cell: 605-380-9100

Fax: 605-229-1673

Website: hubmusicandvending.com



Charlie Sudlow - Stats

Cell: 605-228-9616

Team Captain Name: _____ M ____ F ____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Also receive texts at this # Yes No

Email _____

Player 2: _____ M ____ F ____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Also receive texts at this # Yes No

Email _____

Player 3: _____ M ____ F ____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Also receive texts at this # Yes No

Email _____

Player 4: _____ M ____ F ____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Also receive texts at this # Yes No

Email _____

Sub Name: _____ M ____ F ____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Also receive texts at this # Yes No

Email _____

PLEASE PRINT LEGIBLY