



### 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](http://hubmusicandvending.com)



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**

Charlie Sudlow - Stats

Cell: 605-228-9616