

**METRO EAST DART ASSOCIATION
TEAM REGISTRATION FORM**

SEASON _____

DATE _____

TEAM NAME: _____

\$ _____

SPONSOR: _____

ADDRESS: _____

TEAM AVG.

PHONE: _____

CAPTAIN:

NAME: _____

\$ _____

ADDRESS: _____

PHONE: _____

AVG.

E-MAIL: _____

CO-CAPTAIN:

NAME: _____

\$ _____

ADDRESS: _____

PHONE: _____

AVG.

E-MAIL: _____

NAME: _____

\$ _____

ADDRESS: _____

PHONE: _____

AVG.

E-MAIL: _____

NAME: _____

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ADDRESS: _____

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AVG.

E-MAIL: _____

NAME: _____

\$ _____

ADDRESS: _____

PHONE: _____

AVG.

E-MAIL: _____

NAME: _____

\$ _____

ADDRESS: _____

PHONE: _____

AVG.

E-MAIL: _____

SPONSORSHIP FEE \$ _____

MEMBERSHIP FEE \$ _____