

**HOWARD COUNTY DARTS ASSOCIATION  
TEAM ROSTER**

Season \_\_\_\_\_ Division: AA, A, B, ( C, only if we have C teams )  
Requested Bar: 1st : \_\_\_\_\_ 2nd: \_\_\_\_\_ 3rd: \_\_\_\_\_  
CAPTAIN: \_\_\_\_\_

**PLEASE COMPLETE (PRINT ) ALL INFORMATION FOR EACH TEAM MEMBER**

Player Name: _____	Player Name: _____
Address: _____	Address: _____
_____	_____
Home Phone: _____	Home Phone: _____
Work/Cell Phone: _____	Work/Cell Phone: _____
E-Mail: _____	E-Mail: _____
Amount Paid: _____	Amount Paid: _____
Players Name: _____	Players Name: _____
Address: _____	Address: _____
_____	_____
Home Phone: _____	Home Phone: _____
Work/Cell Phone: _____	Work/Cell Phone: _____
E-Mail: _____	E-Mail: _____
Amount Paid: _____	Amount Paid: _____
Players Name: _____	Players Name: _____
Address: _____	Address: _____
_____	_____
Home Phone: _____	Home Phone: _____
Work/Cell Phone: _____	Work/Cell Phone: _____
E-Mail: _____	E-Mail: _____
Amount Paid: _____	Amount Paid: _____

**Team Fee: \$24 per player, Annual Dues: \$12 per person. Payment due at sign-up.  
All Roster members MUST be HCDA members. Please make all checks payable to:  
Howard County Darts Association  
A Returned check fee will be charged for all dishonored checks.**