



The Cleveland Darter Club TEAM REGISTRATION FORM

www.darter.org (216) 226-2582 (CLUB)
P.O. Box 30615, Middleburg Hts., OH 44130

Office Use:	
Sched Code	_____
Last Session Finish	_____
Amount Paid:	_____
Check No.:	_____

DEADLINE: Fall	August 26, 2011
Winter	December 30, 2011
Summer	May 4, 2012

Night (Check one): **MON** **TUES** **THUR**

[Monday & Thursday format = 8 singels, 4 doubles, 1 team Tuesday Format = 4 singels, 8 doubles, 1 team]

If a returning team, when did you last play? _____

If you are changing team names, what was your previous name? _____

Team Name: _____

Bar Name: _____

Address: _____

Bar Phone: _____

of Dart Boards: _____ **Over 21 Bar??** _____

Level Requested (Check one):

- GOLD (Competitive)
- SILVER (Medium Level)
- BRONZE (Beginners/Low level)

Which do you prefer? (Check one):

- Best of 3
- 1 game

Team Registration Fee: A check for \$15 (payable to "CDC") must be included with this registration form. It can mailed separately if this form is being submitted via email. Please note team name on Check if sending separately.

CDC #	Name	Phone #	Email Address*
	Captain:		
	Alt. Captain:		

*Email Communications: Each team must designate at least 1 email address in order to receive important email communications including the weekly standings. Include additional emails if others would like to receive this information as well.

Special Scheduling Instructions/Preferences: _____
