



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 27, 2010
 Winter Dec. 30, 2010
 Summer April 30, 2011

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

[Monday & Thursday format = 8 singels, 4 doubles, 1 team Tuesday Format = 4 singles, 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 tavern??? _____

Level Requested (Check one):

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

Which do you prefer? (Check one):

- Best of 3
- 1 game
- Player's Choice (decided on game-by-game basis:
both players must agree in order to play best of 3)

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 #	First Name	Last 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: _____

