High Country Dart Association
League Registration Form

Spring_____ Summer_____ Fall_____ 20_____

Team Name: _____
Sponsoring Establishment: _____
Establishment Address: _____
Establishment Phone Number: _____
Establishment Representative: _____
Email: _____

Please list any known dates the above establishment will be closed during the coming season. (Each season lasts approximately four months) _____

Teams must consist of a minimum of four and a maximum of eight throwers. Additional players may be added through the fifth week of each season.

Roster	Phone Number	Email	Gender
			M / F (Captain)
			M / F
			M / F
			M / F
			M / F
			M / F
			M / F
			M / F

League assignments will be based on final standing from the previous season and the number of teams registered.

In which league did this team or the majority of this teams players throw in the previous or most recent season?

A **B** **C** **D**

If given a preference, this team would prefer to throw in which league?

A **B** **C** **D**