

Frankenmuth Darting Association Team Registration Form

Please Print Clearly:

Date Received: _____

Team Name: _____

Captains Name: _____

Phone #: Home: _____ Work: _____

Sponsors Name: _____

Sponsor Fee - \$40.00 (To be paid by second night of play)

Make checks payable to - Frankenmuth Darting Association

Team Members:

(Individual Fee to be paid first night of play)

	<u>Players Name</u>	<u>Phone Number</u>	<u>Paid Fee</u>
1.	_____	_____	<input type="checkbox"/>
2.	_____	_____	<input type="checkbox"/>
3.	_____	_____	<input type="checkbox"/>
4.	_____	_____	<input type="checkbox"/>
5.	_____	_____	<input type="checkbox"/>

Total Amount Paid: _____