



**LONG ISLAND DART ASSOCIATION INC.**

**P.O. BOX 208**

**Lynbrook, NY 11563**

**(516) 561-1464**

**TEAM APPLICATION FORM**

**FILL OUT THIS FORM COMPLETELY**

TEAMS SHALL CONSIST OF FIVE PLAYERS MINIMUM TO A MAXIMUM OF NINE PLAYERS. ALL NAMES ON THIS APPLICATION WILL BE PERMANENT MEMBERS. PRIOR APPROVAL BY THE EXECUTIVE BOARD IS REQUIRED FOR ANY ROSTER CHANGES.

PLEASE INDICATE THE SEX OF EACH PLAYER SO THAT AWARDS MAY BE CREDITED PROPERLY. FULL FIRST AND LAST NAMES OF ALL PLAYERS IS REQUIRED.

**PERMANENT TEAM ROSTER - SPRING 20\_\_**

LIST THE CAPTAIN FIRST	SEX (CIRCLE)	ABILITY LEVEL 1=LOW 5=HIGH		
CAPT. 1.	F M	.	CAPTAIN'S OR TEAM SECRETARY'S PHONE #: (MANDATORY)	
2.	F M	.		
3.	F M	.		
4.	F M	.		
5.	F M	.		CHECK BOX BELOW IF YOU WANT YOUR PHONE NUMBER TO BE KEPT CONFIDENTIAL
6.	F M	.		
7.	F M	.		
8.	F M	.		
9.	F M	.		

CHECK BOX BELOW IF YOU WANT YOUR PHONE NUMBER TO BE KEPT CONFIDENTIAL

THIS FORM PREPARED BY:

**PRIOR LEAGUE APPROVAL REQUIRED FOR ANY ROSTER CHANGES.**

CHECK ONE: MONDAY NIGHT [ ] TUESDAY NIGHT [ ]

APPLICATION IS TO BE ACCOMPANIED BY A CHECK FOR \$125 MADE OUT TO THE LONG ISLAND DART ASSOCIATION. THE LEAGUE WILL BE ORGANIZED INTO DIVISIONS ON A FIRST COME, FIRST SERVED BASIS. IF THE LAST APPLICATIONS ARE NOT ENOUGH TO MAKE UP A DIVISION, MONEY WILL BE REFUNDED

Signature

Date:

**SPONSOR AND TEAM MAILING INFORMATION**

ESTABLISHMENT	CAPTAIN OR TEAM SECRETARY:
NAME	NAME
ADDRESS	ADDRESS
TOWN, ZIP	TOWN, ZIP
PHONE	PHONE
EMAIL / WEB SITE	EMAIL

DIVISION DESIRED: (Circle) TOP HIGH MIDDLE LOW BOTTOM

DID THIS TEAM OR ANY PLAYERS PLAY LAST SEASON IN THE L.I.D.A.? YES NO

IF SO, IN WHAT DIVISION? IN WHAT PLACE DID THEY FINISH?

OTHER INFORMATION (OTHER LEAGUE EXPERIENCE IF NEW TO LIDA, COMMENTS, ETC.)

THIS AREA FOR ASSOCIATION USE ONLY	DATE RECEIVED:	APPLICATION NUMBER:
DIVISION:		