

# Cross County Dart League

**516-672-3854**

**ROSTER SHEET/LEAGUE REGISTRATION FORM  
FALL/SPRING 20\_\_\_\_**

**BAR/SPONSOR:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
 \_\_\_\_\_  
**PHONE NUMBER:** \_\_\_\_\_  
**BAR OWNER:** \_\_\_\_\_  
 \_\_\_\_\_

<b>NEW TEAM</b>	Y or N
<b>CURRENT TEAM</b>	Y or N
<b>PREVIOUS LEAGUE</b>	
<b>DIVISION REQUEST</b>	A-B-C-D

**SPONSOR FEES** \_\_\_\_\_  
(League Use Only)

**CAPTAIN'S NAME:** \_\_\_\_\_  
**CELL PHONE:** \_\_\_\_\_

**Rating**  
 \_\_\_\_\_



**RATING SYSTEM:** Each player shall be rated from 1-5. 1 being an exceptional player, 5 being a beginner. This system is used to make sure that all teams are placed in their proper division. BE SURE TO GIVE ACCURATE RATINGS. ANY INTENTIONAL MISREPRESENTATION OF A PLAYERS ABILITY WILL RESULT IN DISCIPLINARY ACTION FROM THE EXECUTIVE COMMITTEE, INCLUDING EXPULSION.

<u>Player First and Last Name</u>	<u>Rating 1-5</u>
1. PLAYER:	
2. PLAYER:	
3. PLAYER:	
4. PLAYER:	
5. PLAYER:	
6. PLAYER:	
7. PLAYER:	
8. PLAYER:	
9. PLAYER:	

**Sign** \_\_\_\_\_  
 (I hereby certify the above information is true and accurate to the best of my knowledge)

[www.crosscountydartleague.com](http://www.crosscountydartleague.com)