

North Texas Doubles Dart League

SEASON: _____

Team Name: _____

Pub: VFW / Legion (Circle One)

INSTRUCTIONS: Fill out completely. PLEASE PRINT. All address information must be complete.
 Dues for entire season for each player must accompany roster along with team dues.
CASH ONLY!

	NTX DDL#	PRINT FULL NAME			Street	Apt. #	ADDRESS		PHONE
		First	Middle	Last			City		
1		CAPTAIN							W
									H
2									W
									H
3		ALTERNATE 1							W
									H
4		ALTERNATE 2							W
									H

If you would like to receive e-mails on any future events and or information mailings about the NTX DDL. then please give us a valid e-mail address.

Thank You,
 NTX DDL. Board

Name:	E-Mail Address

\$ _____ Total Individual Dues Received
 \$ _____ Total Team Dues Received
 (\$10.00 Dues per person)
 \$ _____ Total Dues Received

Received By: _____