DELCO INVITATIONAL DART LEAGUE ROSTER

YEAR 2023-2024

	TEAM: _						
SPONSOR NAME: SPONSOR ADDRESS:					DNSOR PHONE #:		
	PRINT FULL NA			GES	AND MARK (X) IF NEW		
NA	ME	AVG	NEW		NAME	AVG	NEW
1				7			
·				,			
CAPTAIN AND) ALTERNATE CA	PTAIN	CONT	ACT	INFORMATION / MUST E	BE FILLED IN:	
CAPTAIN NAME:				N	1OBILE PHONE #:		
ADDRESS:					HOME PHONE #:		
					-MAIL ADDRESS:		
ALTERNATE NAME:				N	1OBILE PHONE #:		
					HOME PHONE #:		
					-MAIL ADDRESS:		