



NAME OF SPONSOR: _____ **# OF DARTBOARDS:** _____ **Phone #** _____

SPONSOR ADDRESS: _____

TEAM NAME: _____ **DIVISION REQUESTED - 1st CHOICE:** _____

SEASON: _____ **YEAR:** _____ **2nd CHOICE:** _____

1 CAPTAIN: _____

PHONE # (MANDATORY): _____

Last Division Played _____

Paid _____ *E-Mail* _____

Please Indicate Your Awards Choice

Trophies **Coins**

or **Plates** 8T0 171 R9

Please Indicate If You Need ...

Perpetual Plaque **Extension Plaque**

2 CO-CAPTAIN: _____

PHONE # (MANDATORY): _____

Last Division Played _____

Paid _____ *E-Mail* _____

Please Indicate Your Awards Choice

Trophies **Coins**

or **Plates** 8T0 171 R9

Please Indicate If You Need ...

Perpetual Plaque **Extension Plaque**

3 NAME: _____

PHONE #: _____

Last Division Played _____

Paid _____ *E-Mail* _____

Please Indicate Your Awards Choice

Trophies **Coins**

or **Plates** 8T0 171 R9

Please Indicate If You Need ...

Perpetual Plaque **Extension Plaque**

4 NAME: _____

PHONE #: _____

Last Division Played _____

Paid _____ *E-Mail* _____

Please Indicate Your Awards Choice

Trophies **Coins**

or **Plates** 8T0 171 R9

Please Indicate If You Need ...

Perpetual Plaque **Extension Plaque**

5 NAME: _____

PHONE #: _____

Last Division Played _____

Paid _____ *E-Mail* _____

Please Indicate Your Awards Choice

Trophies **Coins**

or **Plates** 8T0 171 R9

Please Indicate If You Need ...

Perpetual Plaque **Extension Plaque**

6 NAME: _____

PHONE #: _____

Last Division Played _____

Paid _____ *E-Mail* _____

Please Indicate Your Awards Choice

Trophies **Coins**

or **Plates** 8T0 171 R9

Please Indicate If You Need ...

Perpetual Plaque **Extension Plaque**

FOR OFFICIAL USE ONLY

SPONSOR PAID: CASH CHECK TOTAL S.U. C.M. INV.

MEMBERS PAID: CASH CHECK TOTAL S.U. C.M.