



Location Code: _____	Off. Use	Operator Code: _____
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**Team Entry & Roster For The 2007 Fall Medalist League
Do Not Put In Dart Board!**

Lounge/Tavern: _____

Team Name, One Character Per Box, Eight Character Limit

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Team Name Must Be Clean & Pronounceable Or It Will Be Converted

SUNDAY 6:00 PM Team/Individual Points	MONDAY 7:30 PM Team/Individual Points	TUESDAY 7:30 PM Team/Individual Points	WEDNESDAY 7:30 PM Team/Individual Points	THURSDAY 7:30 PM Team/Individual Points
<input type="checkbox"/> A Trios 17-23/No Limit	<input type="checkbox"/> Super A Dbls. 16-22/No Limit	<input type="checkbox"/> A Single/Dbls. 14-20/No Limit	<input type="checkbox"/> Super A Trios 20-26/No Limit*	<input type="checkbox"/> A Dbls. 14-20/No Limit
<input type="checkbox"/> B Trios Female Required 11-16/7	<input type="checkbox"/> BB Dbls. 10-15/9	<input type="checkbox"/> B Single/Dbls. 8-13/7	<input type="checkbox"/> BB Trios 14-19/9	<input type="checkbox"/> B Dbls. 8-13/7
<input type="checkbox"/> C Trios 6-10/4	<input type="checkbox"/> CC Dbls. 5-9/5	<input type="checkbox"/> C Single/Dbls. 3-7/4	<input type="checkbox"/> CC Trios 9-13/5	<input type="checkbox"/> C Dbls. 3-7/4

Player Name: _____ M/F: ____ Rating: ____ ID Number: _____
(First Player Listed Is The Captain) (New Players Leave Blank)

Phone: _____ Email: _____ Birthday: _____
(Mandatory) (Month/Day Only)

Player Name: _____ M/F: ____ Rating: ____ ID Number: _____
(New Players Leave Blank)

Phone: _____ Email: _____ Birthday: _____
(Mandatory) (Month/Day Only)

Player Name: _____ M/F: ____ Rating: ____ ID Number: _____
(New Players Leave Blank)

Phone: _____ Email: _____ Birthday: _____
(Mandatory) (Month/Day Only)

Player Name: _____ M/F: ____ Rating: ____ ID Number: _____
(New Players Leave Blank)

Phone: _____ Email: _____ Birthday: _____
(Month/Day Only)

Player Name: _____ M/F: ____ Rating: ____ ID Number: _____
(Month/Day Only)

Phone: _____ Email: _____ Birthday: _____
(Month/Day Only)

* Combined Rating Points For Any Two Players Is 23 · A Trios Team May List A Captain Plus Four Members – Five Total
A Doubles Team May List A Captain Plus Two Members – Three Total · See The Dart Ability Assessment Form For Self-Test And Rating Guidelines

Questions? Call 253-939-2900 Or 1-800-LEAGUES

www.medalistgames.com