



Location Code:	Off. Use	Operator Code:
----------------	----------	----------------

Team Entry & Roster For The 2009 Spring 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"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

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"/> AA Trios 21-25/No Limit**	<input type="checkbox"/> A Trios 19-23/No Limit	<input type="checkbox"/> Super Doubles 23/No Limit*	<input type="checkbox"/> AA Doubles 18-21/No Limit	<input type="checkbox"/> A Dbls. 16-19/No Limit
<input type="checkbox"/> BBB Trios 15-19/8	<input type="checkbox"/> B Dbls. Mixed 8-11/6*	<input type="checkbox"/> BB Trios 13-17/7	<input type="checkbox"/> BBB Dbls. 12-15/8	<input type="checkbox"/> BB Dbls. 10-13/7
<input type="checkbox"/> CC Trios 9-13/5	<input type="checkbox"/> C Trios 7-11/4	<input type="checkbox"/> C Doubles 5-9/5	<input type="checkbox"/> B Trios 11-15/6	<input type="checkbox"/> Novice Trios 5-9/3
<input type="checkbox"/> Novice Dbls. Female Required 3-7/4	* B Doubles and Super Doubles are test flights. If 6 teams are not signed up, in a reasonable travel pattern, the flight will not be run and your Team Captain will be contacted to change flights.			

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

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

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

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

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

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

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

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

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

Phone: _____ Email: _____ Birthday: _____
(Mandatory) (Mandatory) (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 · The Mixed Flight Must Have A Male And A Female Rostered And Playing On The Team
See The Dart Ability Assessment Form For Self-Test And Rating Guidelines

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

www.medalistgames.com