

TEAM ROSTER CHANGES DUE THE 3RD WEEK OF LEAGUE PLAY

Team Name _____ Division _____ MON or WED

Captains Name _____ **Phone** _____

REVIEW THE RULES OF PLAY ARTICLE L SECTION 5 (PAGE 16) BEFORE ADDING PLAYERS

Please remove the following players from our roster they have not played any games.

Name _____

Name _____

Name _____

Please add the following players to our roster:

Name _____ Phone _____

Month/Yr. last played _____ Division _____ or New Player Shirt Size _____

Email _____

REPLACEMENT PLAYER _____ OR \$10.00 FEE ENCLOSED _____

Name _____ Phone _____

Month/Yr. last played _____ Division _____ or New Player Shirt Size _____

Email _____

REPLACEMENT PLAYER _____ OR \$10.00 FEE ENCLOSED _____

Name _____ Phone _____

Month/Yr. last played _____ Division _____ or New Player Shirt Size _____

Email _____

REPLACEMENT PLAYER _____ OR \$10.00 FEE ENCLOSED _____

I verify that all the information above is correct and that each player is at least 21 years of age.

_____ **Total Members on Team** _____
Captains Signature

Mail to: Southside Dart League c/o
Karen Huffman - 10509 S. Whipple Chicago IL 60655