

Captain's Signature (and printed)

## **MEDICINE HAT DART LEAGUE (MHDL)**



Executive's Signature (and printed)

## 2019 - 2020 OFFICIAL LEAGUE TEAM REGISTRATION FORM

Team Name:				Last Year's Division:				
Venue N	<del></del>							
Captain	Name:		Co-Captain Name:					
Captain Phone: Captain Email:			Co-Captain Pl	Co-Captain Phone:				
			Co-Captain Er	Co-Captain Email:				
		naximum of twelve (12) players shall be regist plays no games or discontinues playing, that player			registered player	(subject to Execut	tive approval).	
	<u>Name</u>	ADDRESS (including postal code)	Phone #	<u>Email Ao</u>	ddress	Gender ( Voluntarily for Sport demograph report) M or F	hic <b>website</b>	
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
Player Fees- \$40.00 (Must be paid in cash, NO EXCEPTIONS!)					Total Playe	r Fees:	\$	
	Fees- \$150.00 <i>(payable by sp</i>							
<u>NOTICE:</u> \$5.00/ player will be refunded at the banquet <b>IF (and only IF)</b> at least one member from your team attends the AGM. If no members attend, \$0 will be refunded.					Total Sponsor Fees: \$150.00			
		e on August 27, 2019 (between 7:00 & 7:45 pm) pric		ership meeting.				
* Membership & Sponsorship fees are non refundable after the commencement of the season. *Venue to be posted on the website. Under no circumstances will registrations be accepted beyond this date/time.					Total Fees	Submitted:	\$	
venue to	be posted on the website. Onde	in the chedinatances will registrations be accepted	beyond this date, time.		1010111003			