

San Francisco Darts League Team Application

Season : _____ Spring:_____ Fall:_____

Email form to Membership@SFDL.org. Fees due at time of sign-up. Cash or [PayPal](#).

Team Name: _____ Division Request: A__ B__ C__

Venue: _____ # of boards: _____

Address: _____ Venue Phone: _____

Venue darts contact/title: _____ Phone or email: _____

Match must be scored with DartConnect. Phone or tablet required. Check players bringing a device.

Provide an email or phone for league updates and email used for DartConnect, if different

Captain: _____ ID: _____ Device _____ Phone/text: _____ City/Zip: _____ email: _____ DC: _____
Player 2: _____ ID: _____ Device _____ Phone/text: _____ City/Zip: _____ email: _____ DC: _____
Player 3: _____ ID: _____ Device _____ Phone/text: _____ City/Zip: _____ email: _____ DC: _____
Player 4: _____ ID: _____ Device _____ Phone/text: _____ City/Zip: _____ email: _____ DC: _____
Player 5: _____ ID: _____ Device _____ Phone/text: _____ City/Zip: _____ email: _____ DC: _____
Player 6: _____ ID: _____ Device _____ Phone/text: _____ City/Zip: _____ email: _____ DC: _____