

San Francisco Darts League Team Application

Season : _____ Spring:_____ Fall:_____

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

Team Name: _____ Division Request: A__ B__ C__

Venue: _____ # of boards: _____

Owner/Contact: _____

Address: _____ Phone/text : _____

Email: _____

Match must be scored with DartConnect. Phone or tablet required. Check players bringing 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: _____