2026–27 DART TEAM ROSTER

League Name: _____ **Division:** _____

subject to change

Night of Play: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun

Name of Team Last Year: _____

TEAM NAME: _____

BAR NAME: _____ **TOWN:** _____

Captain:	
Address:	
City/Zip:	
Phone #:	
Email:	

Player 2:	
Address:	
City/Zip:	
Phone #:	
Email:	

Player 3:	
Address:	
City/Zip:	
Phone #:	
Email:	

Player 4:	
Address:	
City/Zip:	
Phone #:	
Email:	

Sub 1:	
Address:	
City/Zip:	
Phone #:	
Email:	

Sub 2:	
Address:	
City/Zip:	
Phone #:	
Email:	

IMPORTANT: WE WILL ONLY SCHEDULE FULL TEAMS! TEAM INFORMATION NEEDS TO BE FILLED OUT COMPLETELY. WE NEED YOUR FULL NAME, ADDRESS, PHONE NUMBER, AND EMAIL.

For questions, please reach out to **Paula Glasby:**
Cell: 507-402-0443 **Office:** 507-282-6080 ext 141 **darts@dnrstar.com**

Release of liability statement – By participating in this event each participant waives any right for damages from physical or mental harm. I am agreeing not to seek damages or legal action from any sponsor or its employees during the event. I also agree to pay for any damages caused by me during the event.