

# Greater Lowell Dart League

"Now in our 29th Year of Darting Competition"

Phone/Fax: 978-250-8322 - Website: [www.greaterlowelldartleague.com](http://www.greaterlowelldartleague.com) - email: [gldl@comcast.net](mailto:gldl@comcast.net)

## Notice of: Mail-In Team Registration for the FALL 2010 Season

Interested Teams should fill out completely  
the enclosed Team Registration Form and  
mail completed form and check to:

**PLAN  
AHEAD!**

**Greater Lowell Dart League  
P.O. Box 1091  
Lowell, MA 01853**

**MAIL  
EARLY!**

6 person minimum - 9 person maximum roster

Checks payable to: **Greater Lowell Dart League** for \$150 per team

Schedules Mailed to Captains - Tuesday, September 7th

Season Begins - Tuesday, September 14th

### LATE REGISTRATION AND CAPTAIN'S KIT PICK-UP

**Tuesday, August 31, 2010**

at

**The Boathouse Lounge  
294 Tyngsboro Road - Dracut, MA  
Telephone: 978-957-8236**

**7:00 - 9:00 p.m.**



**REGISTRATION FORMS SHOULD BE MAILED TO  
LEAGUE OFFICE PRIOR TO CAPTAIN'S KIT PICK-UP NIGHT!**



# GREATER LOWELL DART LEAGUE



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Web Site: [www.greaterlowelldartleague.com](http://www.greaterlowelldartleague.com)

## TEAM REGISTRATION FORM

PUB & TEAM NAME: \_\_\_\_\_  
(PLEASE PRINT CLEARLY)

SEASON: **FALL 2010**

PUB NAME: \_\_\_\_\_ PUB PHONE: \_\_\_\_\_  
PUB ADDRESS: \_\_\_\_\_  
CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CAPTAIN'S NAME: \_\_\_\_\_ TELEPHONE(S): (Home) \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_ (Work) \_\_\_\_\_  
CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ (Cell) \_\_\_\_\_  
**E-mail Address:** \_\_\_\_\_  
(PLEASE PRINT CLEARLY)

### \*\*\* COMPLETE ROSTER \*\*\*

	Last Division Played In		Last Division Played In
1. _____ Captain's Name	( )	6. _____	( )
2. _____	( )	7. _____	( )
3. _____	( )	8. _____	( )
4. _____	( )	9. _____	( )
5. _____	( )		

### TEAM INFORMATION: PLEASE FILL OUT COMPLETELY!

(check one)

- \_\_\_\_\_ This is a **new team** with **no experience** in any organized dart league.
- \_\_\_\_\_ This is a team **new to the GLDL** but **with some experience** (in-house or other organized league).  
League name? \_\_\_\_\_ Division this team played in? \_\_\_\_\_
- \_\_\_\_\_ This is a **returning team** from a previous season. What season? FL SP SM 20\_\_\_\_  
What Division? \_\_\_\_\_

Is this **team name** the same? \_\_\_\_\_ If no, **previous team name** \_\_\_\_\_

Is this **team roster** the same? \_\_\_\_\_ If no, roster has **minor changes** \_\_\_\_\_ (or) **major changes** \_\_\_\_\_

If roster changes have been made: Is the team **stronger than before** \_\_\_\_\_  
Is the team **weaker than before** \_\_\_\_\_ **check one**  
Is the team **about the same** . . . . \_\_\_\_\_

What **division** do you think your team is **best qualified to play in?** (circle one) A B C D

Comments: \_\_\_\_\_

DO NOT WRITE BELOW THIS SPACE

Registration Fee: Date Paid: \_\_\_\_\_ Amount \$ \_\_\_\_\_ CHECK # \_\_\_\_\_ CASH \$ \_\_\_\_\_ Kit Taken \_\_\_\_\_