

MACD DART TEAM ROSTER FORM

SPONSOR FEE = \$30 per team for SPRING/SUMMER LEAGUES

Cash or check only. Make checks payable to M.A.C.D. The sponsor's fee must be turned in with this roster form. **SPONSOR FEES ARE NON-REFUNDABLE. SIGN-UP DEADLINE IS MAY 10.**

Sponsor: _____ Phone # _____

Team Name: _____

Address: _____ Dart Machine Operator _____

City: _____ Zip Code: _____

MACD is offering leagues on the evenings listed below. Check the league of your choice (please check a 2nd choice night also). A roster form must be turned in for each team. MACD office (daytime) 414-645-3256 www.macdleagues.com

Hybrid remote = League will be traveling unless 2 bars are 15 or more miles away from each other. These matches will be played remotely.

REMOTE ONLY = All matches will be played remotely (if a sponsor has more than 1 remote team they will need multiple dart boards because all teams will play at "Home")

\ All locations must be played on Arachnid Galaxy 3 (BULLSHOOTER) Dart Boards owned and operated by one of the Operators involved in the M.A.C.D. co-op.

MONDAY DOUBLES – !! REMOTE ONLY !! – (7:30 pm start)
Handicapped – 11 game format – (5 Cricket / 5 – 501 / 1 – 501 Stacked)

TUESDAY CO-ED – Hybrid remote – (7:30 pm start)
Handicapped – 17 game format – (6 – 301 / 6 – Cricket / 4 -501 / 1 – Team 501)

WEDNESDAY CO-ED – Hybrid remote – (7:30 pm start)
Handicapped – 17 game format – (6 – 301 / 6 – Cricket / 4 -501 / 1 – Team 501)

THURSDAY CO-ED – Hybrid remote – (7:30 pm start)
Handicapped – 17 game format – (6 – 301 / 6 – Cricket / 4 -501 / 1 – Team 501)

Teams must be limited to 10 players. 4 players shoot per night. See captain's guide for more info

>>> **ENTER ENTIRE PLAYER INFORMATION (Mandatory to sign-up team)** <<<
(use back of roster form for any/all substitute name and phone number information)

Full Name: (Capt.) _____ Address: City _____ Zip: _____ E-mail: _____ Phone: _____ Text * <u>YES</u> <u>NO</u>	Full Name: (Player 3) _____ Address: City _____ Zip: _____ E-mail: _____ Phone: _____ Text * <u>YES</u> <u>NO</u>
Full Name: (Player 2) _____ Address: City _____ Zip: _____ E-mail: _____ Phone: _____ Text * <u>YES</u> <u>NO</u>	Full Name: (Player 4) _____ Address: City _____ Zip: _____ E-mail: _____ Phone: _____ Text * <u>YES</u> <u>NO</u>

M.A.C.D. – 3506 W NATIONAL AVE, MILWAUKEE WI 53215 – 414-645-3256

Hours: Mon-Fri / 8:30 a.m. to 5 p.m.

Website: www.macdleagues.com

E-mail: www.macddarts@gmail.com