MISSISSIPPI GULF COAST DART ASSOCIATION

P.O. BOX 7391, D'IBERVILLE, MS 39540
mgcda.net

ROSTER/STATEMENT OF INTENT FORM FOR _____ SPONSOR's SIGNATURE _____

SPONSOR	ADDRESS	TELEPHONE
CAPTAIN	EMAIL	TELEPHONE
CO-CAPTAIN	EMAIL	TELEPONE

I, the undersigned, agree to play darts with the _____ dart team for the upcoming W/S or S/F _____.
I understand that I may not sign with another team unless I am first released by this team. I also understand that should I sign with another team without obtaining this release, I will be suspended for an indefinite period and that any points scored by me and/or my partner will be subject to forfeiture.

The top portion of this roster is to be completed BEFORE any player signs below

CARD #	PLAYER NAME (printed)	PLAYER SIGNATURE	DATE SIGNED	LAST TEAM PLAYED WITH	DIVISION