



2024 - 2025 Dart Team Roster



League Name: _____ Division: _____
(subject to change)

Preferred Night of Play:

Mon Tues Wed Thurs Fri Sat Sun

Name of Team Last Year: _____

Team Name: _____

Sanction fees required after 3rd night of play and only once per season no matter how many D&R Star leagues played.

Bar: _____

Town: _____

Captain Name: _____

Name: _____

Address: _____

Address: _____

City/Zip: _____

City/Zip: _____

Phone #: _____

Phone #: _____

Email: _____

Email: _____

Name: _____

Name: _____

Address: _____

Address: _____

City/Zip: _____

City/Zip: _____

Phone #: _____

Phone #: _____

Email: _____

Email: _____

Name: _____

Name: _____

Address: _____

Address: _____

City/Zip: _____

City/Zip: _____

Phone #: _____

Phone #: _____

Email: _____

Email: _____

For questions please reach out to:

C: 507-402-0443 O: 507-282-6080 Ext 141 darts@dnrstar.com

**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.**



By participating in this event each participant waives any right for damages from physical or mental harm. I agree not to seek damages or legal action from any sponsor, or its employees during the event. I also agree to pay for any damage caused by me during the event.