



# 2025-2026 Dart Team Roster



League Name: \_\_\_\_\_ Division: \_\_\_\_\_  
*(subject to change)*

Night of Play:  Mon  Tues  Wed  Thurs  Fri  Sat

Name of Team Last Year: \_\_\_\_\_

Team Name: \_\_\_\_\_

Bar: \_\_\_\_\_ Town: \_\_\_\_\_

**Captain's Name:** \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address, City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**Player 2 Name:** \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address, City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**Player 3 Name:** \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address, City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**Player 4 Name:** \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address, City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**Sub Name:** \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address, City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**Sub Name:** \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address, City, State, Zip: \_\_\_\_\_

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

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



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.