



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.