



2012 MEDALIST WINTER-SPRING DART LEAGUE

**Team Finals and 3 Day Tourney To Be Held @
Drawbridge Inn, Ft. Mitchell KY, June 8, 9 and 10th!
*BIG \$\$\$ Draw for all INDY teams without forfeits!
Need more info contact Matt Harris 317-430-3547.

**STARTS FEBRUARY 5TH
SIGN-UP CLOSSES JANUARY 17TH**

In Partnership With The Players
For The Benefit Of All!



Location Code: _____ Off. Use _____ Operator Code: _____

Team Entry & Roster For The 2012 Medalist Winter-Spring League
Do Not Put In Dart Board!



Lounge/Tavern: _____

Team Name, One Character Per Box, Eight Character Limit

Team Name Must Be Clean & Pronounceable Or It Will Be Converted

SUNDAY 6:00 PM Team/Individual Points	MONDAY 7:30 PM Team/Individual Points	TUESDAY 7:30 PM Team/Individual Points	WEDNESDAY 7:30 PM Team/Individual Points	THURSDAY 7:30 PM Team/Individual Points
<input type="checkbox"/> C Dbls. Zone Finals Sat AM 4 - 8/5	<input type="checkbox"/> AA Dbls. Zone Finals Sat PM No Handicap 19/No Limit	<input type="checkbox"/> B Dbls. Zone Finals Sun PM 8 - 12/8	<input type="checkbox"/> BB Trios Zone Finals Sat AM 14 - 18/8	<input type="checkbox"/> CC Dbls. Zone Finals Sun PM 6 - 10/5
		<input type="checkbox"/> C Trios Zone Finals Sun AM 6 - 10/5	<input type="checkbox"/> Novice Dbls. Zone Finals Sun AM Female Required 2 - 6/3	

B-TRIOS
11-15/8

Player Sign-Up Fees MUST Accompany The Roster

Player Name: _____ M/F: _____ Rating: _____ ID Number: _____
(First Player Listed Is The Captain) (New Players Leave Blank)

Phone: _____ Email: _____ Birthday: _____
(Mandatory) (Mandatory) (Month/Day Only)

Player Name: _____ M/F: _____ Rating: _____ ID Number: _____
(New Players Leave Blank)

Phone: _____ Email: _____ Birthday: _____
(Mandatory) (Mandatory) (Month/Day Only)

Player Name: _____ M/F: _____ Rating: _____ ID Number: _____
(New Players Leave Blank)

Phone: _____ Email: _____ Birthday: _____
(Mandatory) (Mandatory) (Month/Day Only)

Player Name: _____ M/F: _____ Rating: _____ ID Number: _____
(New Players Leave Blank)

Phone: _____ Email: _____ Birthday: _____
(Mandatory) (Mandatory) (Month/Day Only)

Player Name: _____ M/F: _____ Rating: _____ ID Number: _____
(New Players Leave Blank)

Phone: _____ Email: _____ Birthday: _____
(Mandatory) (Mandatory) (Month/Day Only)

A Trios Team May List A Captain Plus Four Members - Five Total
A Doubles Team May List A Captain Plus Two Members - Three Total
See The Dart Ability Assessment Form For Self-Test And Rating Guidelines
Questions? Call 253-939-2900 Or 1-800-LEAGUES
www.medalistgames.com