

GVDA Fall 2025 Registration
September 09, 2025
Sunset Lanes 1317 Chili Ave.
7:00 PM to 9:00 PM

| | | | |
|-----------------|--|-------------|--|
| Team Name: | | Div. Pref.: | |
| Last Team Name: | | Last Div.: | |
| Sponsor: | | Phone: | |
| Address: | | Zip: | |
| Owner/Mgr.: | | Board(s): | |

Team Roster C = Captain (Complete Name, Address, Home & Cell Phone Numbers & Email REQUIRED)

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|----------------|--|------------------------------------|-------------|--|
| C Name: | | Fall Only <input type="checkbox"/> | Home Phone: | |
| Address: | | | Cell: | |
| Email: | | ADO: <input type="checkbox"/> | Zip: | |

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|----------------|--|------------------------------------|-------------|--|
| 2 Name: | | Fall Only <input type="checkbox"/> | Home Phone: | |
| Address: | | | Cell: | |
| Email: | | ADO: <input type="checkbox"/> | Zip: | |

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|----------------|--|------------------------------------|-------------|--|
| 3 Name: | | Fall Only <input type="checkbox"/> | Home Phone: | |
| Address: | | | Cell: | |
| Email: | | ADO: <input type="checkbox"/> | Zip: | |

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|----------------|--|------------------------------------|-------------|--|
| 4 Name: | | Fall Only <input type="checkbox"/> | Home Phone: | |
| Address: | | | Cell: | |
| Email: | | ADO: <input type="checkbox"/> | Zip: | |

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|----------------|--|------------------------------------|-------------|--|
| 5 Name: | | Fall Only <input type="checkbox"/> | Home Phone: | |
| Address: | | | Cell: | |
| Email: | | ADO: <input type="checkbox"/> | Zip: | |

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|----------------|--|------------------------------------|-------------|--|
| 6 Name: | | Fall Only <input type="checkbox"/> | Home Phone: | |
| Address: | | | Cell: | |
| Email: | | ADO: <input type="checkbox"/> | Zip: | |

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|----------------|--|------------------------------------|-------------|--|
| 7 Name: | | Fall Only <input type="checkbox"/> | Home Phone: | |
| Address: | | | Cell: | |
| Email: | | ADO: <input type="checkbox"/> | Zip: | |

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|----------------|--|------------------------------------|-------------|--|
| 8 Name: | | Fall Only <input type="checkbox"/> | Home Phone: | |
| Address: | | | Cell: | |
| Email: | | ADO: <input type="checkbox"/> | Zip: | |

| | | | | |
|----------------|--|------------------------------------|-------------|--|
| 9 Name: | | Fall Only <input type="checkbox"/> | Home Phone: | |
| Address: | | | Cell: | |
| Email: | | ADO: <input type="checkbox"/> | Zip: | |

| | | | | |
|-----------------|--|------------------------------------|-------------|--|
| 10 Name: | | Fall Only <input type="checkbox"/> | Home Phone: | |
| Address: | | | Cell: | |
| Email: | | ADO: <input type="checkbox"/> | Zip: | |

| | | | |
|--|---------------------------|------|--|
| _____ Yearly Members @ | \$ Paid at Winter Signup: | ---- | |
| _____ Fall Members @ | \$15: | | |
| | Sponsor Fee: | \$60 | |
| Notes: Indicate money as Paid (Pd.) or to be Invoiced as (IOU) in the adjacent Cell! | Dart Connect Fee: | \$20 | |
| | Total: | | |

Please provide an Email address for everyone on your team & as much other information as possible for each member.

Captain's Email & Phone Numbers are Required!

For those wishing to join the ADO check the ADO box & provide full contact information.