

**WADA Team Roster ~ 19WIN**

TEAM Name: \_\_\_\_\_

Fax to 888 476-0665, email to roster@wadadarts.org or mail to 4201 Wilson Blvd #110-312, Arlington, VA 22203

SPONSOR Name \_\_\_\_\_

Address \_\_\_\_\_

Invoice Attn of \_\_\_\_\_

Email \_\_\_\_\_

CAPT \_\_\_\_\_

Male  Female WADA# \_\_\_\_\_

Street Address \_\_\_\_\_

\*City, ST, Zip \_\_\_\_\_

\*EMail \_\_\_\_\_

\*Cell \_\_\_\_\_ Phone2 \_\_\_\_\_

Fees: Member (\$25)  New mbr (\$35)  Board mbr (\$0)

\*\*\*\*\*

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**This Form and Fees are DUE by the end of Week 2**

No refunds/credits. Shooters fees are not transferable.

Add Player(s) through the end of Week 9.

Captains are responsible for verifying online Roster info.

# _____	Members	x \$ 25 =	_____
# _____	New members	x \$35 =	_____
# _____	Board members	x \$00 =	0
	<b>TOTAL DUE</b>		<b>\$ _____</b>