



DART League Entry & Team Registration

** There are locations that require you to be 21 to participate **

→ The Music Service League Director reserves the right to refuse admittance or to remove any player in any or all situations.

League Name: _____

Team Name: (Please limit to 20 characters including spaces)

Names with Profanity will be Rejected!

Location: _____

Day of competition: _____ Sunday CoEd
 ___ Mon ___ Tue ___ Wed ___ Thu ___ Fri ___ Sat ___ Sunday Traditional

***** Please complete ALL information for each player! *****

For more information contact:

Nate Knuth, Coordinator

Office 605.336.8301
 Mobile 605.553.1712
 Email: nate@mgoil.com
 Website: musicservice.com



Music Service Pool and Dart Leagues

www.musicservice.com



Team Captain: _____ M ___ F ___

Last Year's LEAGUE Name _____

Last Year's TEAM Name _____

Last Year's PPD _____ (Needed for Sioux Falls leagues only)

City _____ State _____

Phone _____ Also receive texts at this #? Yes No

Player 2: _____ M ___ F ___

Last Year's LEAGUE Name _____

Last Year's TEAM Name _____

Last Year's PPD _____ (Needed for Sioux Falls leagues only)

City _____ State _____

Phone _____ Also receive texts at this #? Yes No

Player 3: _____ M ___ F ___

Last Year's LEAGUE Name _____

Last Year's TEAM Name _____

Last Year's PPD _____ (Needed for Sioux Falls leagues only)

City _____ State _____

Phone _____ Also receive texts at this #? Yes No

Player 4: _____ M ___ F ___

Last Year's LEAGUE Name _____

Last Year's TEAM Name _____

Last Year's PPD _____ (Needed for Sioux Falls leagues only)

City _____ State _____

Phone _____ Also receive texts at this #? Yes No

Sub: _____ M ___ F ___

Last Year's LEAGUE Name _____

Last Year's TEAM Name _____

Last Year's PPD _____ (Needed for Sioux Falls leagues only)

City _____ State _____

Phone _____ Also receive texts at this #? Yes No