

VENTURA COUNTY DART ASSOCIATION SINGLES LEAGUE SIGN-UP SHEET

First Name: _____ Last Name: _____

Phone: _____ Alternate: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____

3 Dart Average (if known) : _____ League Preference: A League B League

- Please contact me, via email, of any upcoming VCDA events.
- I would like information on how I can form my own team to compete in the league.
- I would like help finding a team to play on.

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