



All Star Team Registration Form

Team Name: _____

State: _____

Representing Darts Company/Area: _____

Format: *Open* Dart Type (circle): *Steel / Soft*

Preregister and Payment due by Wednesday, June 1st 2016

Team Captain	_____	Telephone:	_____
Address:	_____	E-mail:	_____
City:	_____	State: _____	Zip: _____
Player #2	_____	Telephone:	_____
Player #3	_____	Telephone:	_____
Player #4	_____	Telephone:	_____
Player #5	_____	Telephone:	_____
Player #6	_____	Telephone:	_____

*** Each team must have at least two females on this roster.
All above rostered members must participate and be current ADA members**

\$10,000*

Soft Tip / Steel Tip

Wednesday, July 27th Time 5:00pm

Hampton Inn & Suites, Mesquite, Texas

***By submitting a team we have read and agree to abide by all
ADA All Star Rules and Regulations.**

For complete All Star information visit:

www.adadarters.com