

Huachuca City Dart League
PO Box 5191
Huachuca City, AZ 85616

Date: _____

First Name: _____ Last Name: _____

Address: _____

Phone Number:

Home: _____

Cell: _____

Email Address: _____

Military: (Y) or (N)

Fees paid: Year _____ or Season: Jan Apr Jul Oct

Amount Paid: _____

I acknowledge that I am responsible for the amount of the check and any returned check fees that the league may incur if my check is returned for non-sufficient funds.

Print Your Name: _____

Signature: _____ Date: _____

FOR LEAGUE OFFICIAL USE ONLY

Check Number _____ Amount: _____ Date: _____

Received by: _____

Receipt Number: _____

Deposited on: _____