



# NDA Sanctioning Form



Please complete this form for all your players. After completion, please send to D&S Vending in the self-address stamped envelope provided in the Captain's Packet. New player addresses must be submitted on first night of play.

See rules #2 and #3 for more information.

**\*\*\* New this year, your \$8 Sanction Fee will be taken out of the Team's Pay outs at the end of the Season.\*\*\***

**Team Name:**

**Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City, State, Zip** \_\_\_\_\_  
**Phone Number** \_\_\_\_\_  
**Birthdate** \_\_\_\_\_  
**E-mail** \_\_\_\_\_

**Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City, State, Zip** \_\_\_\_\_  
**Phone Number** \_\_\_\_\_  
**Birthdate** \_\_\_\_\_  
**E-mail** \_\_\_\_\_

**Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City, State, Zip** \_\_\_\_\_  
**Phone Number** \_\_\_\_\_  
**Birthdate** \_\_\_\_\_  
**E-mail** \_\_\_\_\_

**Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City, State, Zip** \_\_\_\_\_  
**Phone Number** \_\_\_\_\_  
**Birthdate** \_\_\_\_\_  
**E-mail** \_\_\_\_\_

**Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City, State, Zip** \_\_\_\_\_  
**Phone Number** \_\_\_\_\_  
**Birthdate** \_\_\_\_\_  
**E-mail** \_\_\_\_\_

**Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City, State, Zip** \_\_\_\_\_  
**Phone Number** \_\_\_\_\_  
**Birthdate** \_\_\_\_\_  
**E-mail** \_\_\_\_\_

**Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City, State, Zip** \_\_\_\_\_  
**Phone Number** \_\_\_\_\_  
**Birthdate** \_\_\_\_\_  
**E-mail** \_\_\_\_\_

**Name** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City, State, Zip** \_\_\_\_\_  
**Phone Number** \_\_\_\_\_  
**Birthdate** \_\_\_\_\_  
**E-mail** \_\_\_\_\_