



ADO QUALIFIER SINGLES LEAGUE OFFICIAL ROSTER



PLAYERS NAME _____

ASSOCIATION: DDA _____ MDA _____ FWDA _____ SWDA _____ ADSLA _____ OTHER _____

ADDRESS _____ CITY _____ ZIP _____

PHONE #'S(HOME) _____ (WORK) _____ (CELL) _____

EMAIL ADDRESS _____ SIGNATURE _____

PUB (1ST CHOICE) _____ (2ND CHOICE) _____

ENTRY FEE \$55.00

RECEIVED BY _____ DATE RECEIVED _____

SEASON YOU ARE SIGNING UP FOR (CHECK ONE ONLY)

ADO MASTERS(NOV/FEB) _____ ADO ALL STARS (FEB/MAY) _____

ADO U.S.TEAM (MAY/JUL) _____ ADO CRICKET (AUG/OCT) _____

CHECK IF YOU WANT YOUR SCHEDULE AND CALL LIST IN A FOLDER OR BY EMAIL: FOLDER _____ EMAIL _____