



**STANSFIELD VENDING ROSTER FOR  
SUMMER 2009  
OUT OF TOWN DARTS OR POOL  
(PLEASE CIRCLE CHOICE)**



League Name \_\_\_\_\_

Team Name \_\_\_\_\_

Tavern Name \_\_\_\_\_

Tavern Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Bar Phone Number \_\_\_\_\_

Sponsor Signature \_\_\_\_\_

PLAYER NAMES (please print)	DAY PHONE #	SHOOTING ORDER
1. (Capt.) _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

**A \$30 Sponsor Fee must accompany each roster for a 3-4 player team & \$20 for 1-2 person team leagues. Incomplete rosters, or rosters without Sponsor Fees will NOT be accepted!  
Any questions, please feel free to call us at 1-800-356-9586 ext. 235**

***Mail completed rosters to:***  
**Stansfield Vending League Dept.**  
**3172 Berlin Drive**  
**P.O. Box 157**  
**La Crosse, WI 54602-0157**



VISIT OUR WEBSITE AT  
**WWW.STANSFIELDVENDING.COM**  
 OR EMAIL US AT  
**HMUNSON@STANSFIELDVENDING.COM**