

# ADO REGIONAL REPORT FORM PROGRAM

MASTERS, ALL-STAR, U.S. TEAM OR, CRICKET

MEN'S OR WOMEN'S

HOST ASSN.: \_\_\_\_\_ REGION: \_\_\_\_\_

LOCATION: \_\_\_\_\_ DATE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ # OF ENTRIES: \_\_\_\_\_

**1ST PLACE:** Player Name: \_\_\_\_\_

Assn. Name: \_\_\_\_\_

Player qualifies to advance: \_\_\_\_\_ Yes \_\_\_\_\_ No

**2ND PLACE:** Player Name: \_\_\_\_\_

Assn. Name: \_\_\_\_\_

Player qualifies to advance: \_\_\_\_\_ Yes \_\_\_\_\_ No

**3RD PLACE:** Player Name: \_\_\_\_\_

Assn. Name: \_\_\_\_\_

Player qualifies to advance: \_\_\_\_\_ Yes \_\_\_\_\_ No

**4TH PLACE:** Player Name: \_\_\_\_\_

Assn. Name: \_\_\_\_\_

Player qualifies to advance: \_\_\_\_\_ Yes \_\_\_\_\_ No

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Please complete BOTH sides of this form.

MAIL IMMEDIATELY, together with ALL CHECKS / MONEY ORDERS (NO CASH)

To : AMERICAN DARTS ORGANIZATION, P.O.BOX 209, STANTON, CA 90680-0209

ASSOCIATION NAME	PLAYER NAME	MONEY
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____
19. _____	_____	_____
20. _____	_____	_____
21. _____	_____	_____
22. _____	_____	_____
23. _____	_____	_____
24. _____	_____	_____
25. _____	_____	_____
26. _____	_____	_____
27. _____	_____	_____
28. _____	_____	_____
29. _____	_____	_____
30. _____	_____	_____
31. _____	_____	_____
32. _____	_____	_____
33. _____	_____	_____
34. _____	_____	_____
35. _____	_____	_____
36. _____	_____	_____
37. _____	_____	_____
38. _____	_____	_____
39. _____	_____	_____
40. _____	_____	_____

SEE OTHER SIDE