

# ADO REGIONAL REPORT FORM

## PROGRAM

NATIONAL CRICKET, NATIONAL 501, MASTERS, or US TEAM

Men or Women

Host Assn \_\_\_\_\_ Region \_\_\_\_\_

Location \_\_\_\_\_ Date \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ # of Entries \_\_\_\_\_

1<sup>st</sup> 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, PO Box 182, Loveland, OH 45140-0182

ASSOCIATION NAME	PLAYER NAME	MONEY
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