

The Atlanta-Decatur Dart Association

COED LEAGUE INVOICE DUE UPON RECEIPT



Billed to: _____

Team Name(s):

Attention: _____

Date: _____

Bar Fee Per Team: \$40

Number of Teams: _____

Bar Fee Total: _____

Player Fee per Player: \$10

Number Players

Paid by Bar: _____

Player Fee Total: _____

TOTAL AMOUNT DUE: _____

Make checks payable to: **ADDA**

ADDA % Wade Moricle
47 Wiltshire Drive
Avondale Estates, GA 30002