

Spring 2013

To all Team Sponsors and Captains:

The S.N.D.A. is now accepting applications for the Spring Season. The season will run on Wednesday nights and will be 14 or 15 weeks long. For the Spring season, the League will make every effort to keep travel to a minimum, and to keep teams of similar ability levels together in the same divisions. It is VERY IMPORTANT for you to check off proper ability level for each player on your roster with number 1 being the lowest (no experience at all) and 5 being the highest (top level).

**\*\*\*\* THE LEAGUE WILL ONLY CONSIDER APPLICATIONS NEATLY PRINTED** with names of at least (4) players, **ABILITY LEVEL** checked for **EVERY PLAYER** listed, **CAPTAINS PHONE NUMBER** and accompanied by **PAYMENT IN FULL**.

**\*\*\*\* APPLICATIONS:** must be received **NO LATER THAN Saturday, February 2nd, 2013**. Any application received after that will be charged a \$10.00 late fee, and will be placed on a list to be accepted only if needed to fill Divisions. Teams not accepted will have their fee refunded. Please send your application(s) as soon as possible to insure that your team(s) are placed on the schedule!

**\*\*\*\* LEAGUE FEE: \$160.00** per team entered, which **MUST** accompany your completed application(s).

**\*\*\*\* EARLYBIRD DISCOUNT:** There will be a \$10.00 discount (i.e. \$150.00 fee per team entered) for applications received by **Saturday, January 26, 2013**.

**MAIL COMPLETED APPLICATIONS AND CHECKS TO:**

**S.N.D.A. C/O Jacki Murphy**

**385 Grant Avenue**

**Copiapue, NY 11726**

**(make checks payable to S.N.D.A.)**

**FOR MORE INFORMATION OR APPLICATIONS CALL (516) 857-9349**

**CAPTAINS MEETING:**

**Wed. Feb.6, 2013**

**(MEETING BEGINS AT 8:30 P.M.)**

**LOCATION:**

**Massapequa Bowl**

**4235 Merrick Rd. Massapequa**

**Tel. (516) 541-8000**

**STARTING DATE:**

**Wednesday.....February 13th**

Web site: <http://snda.pcriot.com>

PLEASE READ COVER LETTER & BELOW BEFORE FILLING OUT APPLICATION!  
TO BE ACCEPTED, APPLICATIONS MUST BE LEGIBLE AND INCLUDE ALL OF THE FOLLOWING:  
(1) PAYMENT IN FULL; (2) CAPTAIN'S AND CO-CAPTAIN'S PHONE NUMBERS; (3) NIGHT YOU  
WISH TO PLAY (4) A MINIMUM OF FOUR PLAYERS, CAPTAIN LISTED FIRST. NO BLANK  
ROSTERS WILL BE ACCEPTED! (5) THE SEX AND, AS ACCURATELY AS POSSIBLE, ABILITY  
LEVEL INDICATED FOR EACH PLAYER LISTED.

ALL PLAYERS LISTED ARE CONSIDERED "REGULARS"; THERE ARE NO "ALTERNATES".

TEAM ROSTER: ABILITY LEVELS: 1= NOVICE; 2= SOME EXPERIENCE; 3= AVERAGE;  
4= ABOVE AVERAGE; 5= TOP LEVEL.

PRINT PLAYERS NAMES- LIST CAPTAIN FIRST	ABILITY LEVEL-CHECK ONE					CIRCLE NIGHT
	(1)	(2)	(3)	(4)	(5)	
1 _____	( )	( )	( )	( )	( )	WEDNESDAY
2 _____	( )	( )	( )	( )	( )	
3 _____	( )	( )	( )	( )	( )	
4 _____	( )	( )	( )	( )	( )	CAPT. & CO-CAPT. (name & phone #)
5 _____	( )	( )	( )	( )	( )	_____
6 _____	( )	( )	( )	( )	( )	_____
7 _____	( )	( )	( )	( )	( )	
8 _____	( )	( )	( )	( )	( )	
9 _____	( )	( )	( )	( )	( )	
10 _____	( )	( )	( )	( )	( )	

THIS FORM FILLED OUT BY: SIG. \_\_\_\_\_ DATE: \_\_\_\_\_

BAR NAME: \_\_\_\_\_ :

ESTABLISHMENT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, ZIP CODE, \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

DID THIS TEAM PLAY WITH S.N.D.A. BEFORE? \_\_\_\_\_ WHAT DIVISION? \_\_\_\_\_

IN WHAT PLACE DID YOU FINISH? \_\_\_\_\_ PLEASE LIST ANY OTHER LEAGUE

EXPERIENCE. \_\_\_\_\_

IF THIS ESTABLISHMENT HAS MORE THAN ONE TEAM DO YOU WANT THEM IN THE SAME  
DIVISION? YES \_\_\_\_\_ NO \_\_\_\_\_ DON'T CARE \_\_\_\_\_

A CHECK FOR \$160.00, MADE OUT TO THE S.N.D.A., AND THIS APPLICATION, MUST BE RECEIVED NO  
LATER Saturday, February 2, 2013, AND MAILED TO THE ADDRESS BELOW:

S.N.D.A. C/O JACKI MURPHY  
385 GRANT AVENUE  
COPIAGUE NY 11726