

Crowsnest Curling Club Registration Form

Name: _____

Mailing Address: _____

Town: _____ Postal Code: _____

Phone: _____ Email Address: _____

Signature: _____

Please check appropriate boxes below:

Male: _____ Female: _____

Adult: _____ Senior: _____ Junior: _____

Indicate leagues you wish to curl in:

Open: _____ Mixed: _____ Junior: _____ Senior: _____

Amount Paid: \$ _____ Cheque? _____ Cash? _____ Electronic? _____

Do you plan on doing Volunteer Hours? Yes _____ No _____

Team Skip's name: _____

OR: please put me on a team as (circle one or more):

skip 3rd 2nd lead any new curler