

1st Year Member

Sackville Curling Club

2018/2019 Registration

Name: _____

Address: _____

Telephone: (H) _____ (W) _____ (C) _____

E-mail: _____

Please clearly indicate in which leagues you want to participate:

(Note: Your Membership Fee entitles you to curl in multiple leagues; however, draws will be done on a first come first serve basis so please return your membership form as soon as possible to avoid disappointment.)

League	Day(s)	Time	X	Spare X
Morning Men	Monday and Thursday	9:00 am		
Evening Men	Monday	6:45 pm		
Evening Men	Monday	9:00 pm		
Morning Women	Tuesday and Friday	9:30 am		
Evening Women	Tuesday	7:00 pm		
Border League (Team Entry)	Wednesday	7:00 pm		
Mixed	Thursday	6:15 pm		
Mixed	Thursday	8:00 pm		
Mixed	Friday	6:45 pm 8:30 pm (Rotational)		
Mixed Doubles (2 player teams can sign up as single or pair)	Sunday	6 pm 7:30 pm rotational		

Fees \$129.00
 Share Payment
 Locker
 HST 15%.....
Total Due.....

Cash Cheque Interac Post-dated cheques

Are you curling with a **partner or friend**? YES NO

NAME: _____

If so, do you wish to curl on the same team/draw? YES NO

Would you like to request a locker? YES NO

Curl Canada requires the following information:

Under 21? YES 21-49? YES

50-59? YES 60 + ? YES

How did you hear about Curling?

Flyer Newspaper Ad Friend Website Other _____

Volunteer Survey attached completed ? YES NO

Additional Comments:

For Club use:

Key Card Issued: _____

Recorded by: _____ Date: _____