

# 2015-2016 Senior Curling Registration Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Age Category\*(Please circle one)    18-54    55+    Male / Female

\*Name, Postal Code, Gender & Age Category are required for Curl BC to receive Government funding\*

(Please Circle Choices)

League	Position Choice 1	Position Choice 2	Rate (PGG&CC members eligible for 10% discount)
<b>Tuesday</b> 10:00 or 1:00 pm *	1   2   3   Skip	1   2   3   Skip	\$295.00
<b>Thursday</b> 1:00 pm *	1   2   3   Skip	1   2   3   Skip	\$295.00

**\* If more than 16 teams are registered there will be a 10:00am draw and teams will rotate this draw.**

I would like to curl with my spouse: \_\_\_\_\_  
(Spouse's Name)

I would prefer not to curl with: \_\_\_\_\_, \_\_\_\_\_

**I would be available to help volunteer with;**

- Bonspiels**             **Little Rock**             **Juvenile/Junior Curling**  
 **Beginner Clinics**     **Club Events**             **Other** \_\_\_\_\_

Taxes (GST) are included in price

Notes: \_\_\_\_\_ Sub Total \$ \_\_\_\_\_

Cheque   Cash   Debit   M/C   Visa

# \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_ Total \$ \_\_\_\_\_

Member