

2015-2016 Curling Registration Form

Name: _____

Address: _____

Postal Code: _____ E-Mail Address: _____

Home Phone: _____ Work Phone: _____

Age Category* (Please circle one) 6-12 13-17 18-54 55+ Male / Female

Parent's Name (if under 18 yrs) _____

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

Senior's and Spares have to fill out a different form.

1st League _____ Skip's _____ Amt. _____

2nd League _____ Skip's _____ Amt. _____

3rd League _____ Skip's _____ Amt. _____

4th League _____ Skip's _____ Amt. _____

I would be available to help volunteer with;

- Bonspiels Little Rock Juvenile/Junior Curling
 Beginner Clinics Club Events Other _____

Taxes (GST) are included in the prices (See Rate Sheet)

Notes: _____	Sub Total \$ _____
Cheque Cash Debit M/C Visa	
# _____ Exp. ____/____	Total \$ _____
Member (Receive 10% Discount)	
Account # _____ Date: _____	Receipt #: _____