

2019-2020 Curling Registration Form

Spare Dues

Name: _____

Address: _____

Postal Code: _____ E-Mail Address _____

Home Phone: _____ Cell: _____

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

Name, Postal Code, Gender & Date of Birth are required for Curl BC to receive Government funding

Take your time and **Please** Circle all of your choices

League	Times	Available to Spare	Position(s)
Men's	Monday 6:30	Yes No	1 2 3 Skip
Seniors	Tuesday 10AM and 1:00 pm	Yes No	1 2 3 Skip
Ladies	Tuesday 6:30 pm	Yes No	1 2 3 Skip
Sturling	Wednesday 10 am and 11:00 am	Yes No	1 2 3 Skip
Doubles	Wednesday 6:30 pm	Yes No	1 2 3 Skip
Seniors	Thursday 1:00 pm	Yes No	1 2 3 Skip
Commercial	Thursday 6:30 & 8:30 pm	Yes No	1 2 3 Skip
Friday Mixed Recreational	Friday 7:00 pm	Yes No	1 2 3 Skip

Sub Total \$ _____

Cheque Cash Debit M/C Visa

_____ Exp. ____/____ Total \$ _____

Account # _____ Date: _____ Receipt #: _____

Please sign Injury Waiver Form

Prince George Golf & Curling Club, 2601 Recplace Dr, Prince George, BC V2N 0G2,
 Phone: 250-560-0357 Fax-563-4136
 Email: curling@pggolfandcurling.com