

# 2019-2020 Curling Registration Form

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

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Age Category\* (Please circle one) 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.**

1<sup>st</sup> League \_\_\_\_\_ Skip's \_\_\_\_\_ Amt. \_\_\_\_\_

2<sup>nd</sup> League \_\_\_\_\_ Skip's \_\_\_\_\_ Amt. \_\_\_\_\_

3<sup>rd</sup> League \_\_\_\_\_ Skip's \_\_\_\_\_ Amt. \_\_\_\_\_

4<sup>th</sup> League \_\_\_\_\_ Skip's \_\_\_\_\_ Amt. \_\_\_\_\_

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 #: \_\_\_\_\_

## 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