

2018-2019 Senior Curling Registration Form

Name: _____

Address: _____

Postal Code: _____ E-Mail Address: _____

Home Phone: _____ Cell 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)
Tuesday 10:00 or 1:00 pm *	1 2 3 Skip	1 2 3 Skip	\$305.00
Thursday 1:00 pm *	1 2 3 Skip	1 2 3 Skip	\$305.00

*** 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: _____, _____

Taxes (GST) are included in price

Notes: _____ Sub Total \$ _____

Cheque Cash Debit M/C Visa

_____ Exp. ____/____ Total \$ _____

Member
 Account # _____ Date: _____ Receipt #: _____

Please sign Injury Waiver Form

Prince George Golf & Curling Club, 2601 Rec Place Drive Prince George, BC V2N 0G2,
 Fax-563-4136 Phone 250-563-0357 (104) Email: curling@pggolfandcurling.com