1ST YEAR MEMBER

Sackville Curling Club 2019-2020 Registration

(W)

Name:

Address:

Telephone: (H)

(C)

E-mail:

Please clearly indicate in which leagues you want to participate:

(Note: Your Membership Fee entitles you to curl in multiple leagues; however, draws will be done on a first come first serve basis so please return your membership form as soon as possible to avoid disappointment.)

** Please note that Thursday Mixed League times will depend on the number of participants.

A LEARN TO CURL PROGRAM WILL RUN FOR 6 WEEKS ON SUNDAY'S FROM 2:30-4:30 PM. DATES ARE NOV. 10TH, 17TH, 24TH, DEC. 1ST, 8TH & 15TH. COST WILL BE \$60/PERSON. PLEASE INDICATE IF YOU WOULD LIKE TO PARTICIPATE. YES _____ NO _____

League	Day(s)	Time	Please Indicate	Spare X
Evening Men's	Monday	7:00 pm		
Senior Men's	Tuesday Thursday	1:30 pm 9:00 am		
Morning Women	Tuesday and Friday	9:30 am		
Evening Women	Tuesday	7:00 pm		
Border League (Team Entry)	Wednesday	7:00 pm		
Juniors-ages 12-21 (by June 30 th)	Wednesday/Thursday	4:00 pm		
Mixed	Thursday **	6:15 pm		
Mixed	Thursday **	8:00 pm		
Mixed	Friday	6:45 pm & 8:30 pm (Rotational)		
Competitive League (Team Entry)	Select Saturday's	1:30 pm		
Little Rocks-ages 5-12	Sunday	12:45 pm		
Rookie League	Sunday	2:30-4:30 pm		

Mixed Doubles Partners Name:	Sunday	7:00 pm		
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	Fees\$150.00
	Share Payment
	Locker
	HST 15%
	Less Bond Interest
	Total Due
o Cash	o Cheque o Interac o Post-dated cheques E-Transfer
Are you Curl	ling with a Partner/Spouse? YES NO
NAME:	
If so, do you	wish to curl on the same team/draw? YES NO
Would you li	ke to request a locker? YES NO
Locker #	
Curl Canada	requires the following information:
Under 21	1? YES 21-49? YES
50-59?	YES \Box 60 + YES \Box
Are you willir	ng to volunteer some time to club activities? YES NO
Have you con	npleted the Sackville Curling Club Waiver Form? YES NO
Additional Co	omments:

For Club use:	
Key Card Issued:	
Recorded by:	Date: