## STUDENT 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 <sup>th</sup> )	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	

	Total Due		••••	
o Cash	o Cheque o Interac	o Post-dated cheques	E-Transfer	
Locker # Are you Cu	rling with a Partner/Spo	use? YES	NO 🗌	
NAME:				
If so, do you	u wish to curl on the sar	ne team/draw? YES	NO	
Would you	like to request a locker?	YES NO		
Curl Canada	a requires the following	information:		
Under 2	21? YES	21-49?	YES	
50-59?	YES	60 +	YES	
Are you sp	onsoring a new curler	this curling season?	YES D NO	]
If YES, ple	ase record his/her nam	ie and phone number	:	
Name:			Phone:	
Name:			Phone:	
Are you wil	lling to volunteer some t	time to club activities?	YES NO	·
Additional (	Comments:			
For Cl	lub use:			
Key C	Card Issued:			
Recor	ded by:		Date:	