



# COLBORNE CURLING CLUB

"The Little Club That Rocks"

PO Box 128, 8 Durham Street North, Colborne Ontario K0K 1S0

Phone: 905-355-3787

Web-site: [www.colbornecurlingclub.com](http://www.colbornecurlingclub.com)



Name \_\_\_\_\_ Years curling \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_

Postal code \_\_\_\_\_ Email \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Other \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

I \_\_\_\_\_ (print name), hereby apply for membership in the Colborne Curling Club. As a member I agree to obey the rules and regulations of the Club as set out in the Constitution, and will contribute my time and effort to assist in the successful operation of our volunteer organization. I waive any and all claims that I have or in the future may have against Colborne Curling Club Inc. and its directors, officers, employees, agents and representatives. I agree to release the Colborne Curling Club Inc., its directors, officers, employees, agents, and representatives for any and all liability for loss, damage, injury or expense I may suffer or that my next of kin may suffer as a result in my participation in activities and sports offered by Colborne Curling Club Inc. due to any cause whatsoever.

Please fill out this application and send it to the club by email at [colbornecurlingclub@hotmail.com](mailto:colbornecurlingclub@hotmail.com)

Invoice me for Package \_\_\_\_ (See next page) Invoice me for a Locker (Yes ☐) ... \$12.00

Other Instructions: \_\_\_\_\_

League(s) applying for:

*Spare  
only*

Monday Night Mixed ☐

☐

Tuesday Afternoon League ☐

Tuesday Night Men's ☐

☐

Thursday Afternoon League ☐

Wednesday Night Ladies ☐

☐

Thursday PM (Learn to Curl) ☐

Friday Night Mixed ☐

☐

**By making this application, I agree (*Please check*):**

- ☐ That the above personal information can be used and maintained, only for the business of the Colborne Curling Club in accordance with the CCC Privacy Policy.
- ☐ To the use of my photo while participating in Club activities, for the promotion of the Club and to volunteer at some of the club activities when requested (and available).
- ☐ I acknowledge that I have fully reviewed and committed to the CCC policy and procedure for concussion and CCC Concussion code of conduct. An incident form must be filled out for any accidents that occur on club property.



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**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## **2025 / 2026 CURLING MEMBERSHIP FEES**

Package	Description	Fee
A	Full Membership – Unlimited Curling	\$347
B	Full Membership – One League	\$324
C	Full Membership – New Member Fee	\$266
D	Afternoon Social Curling (fee waived for full members)	\$77 + \$5 per game
E	Single draw membership	\$133 per draw
F	Spare only – Full Season	\$133
G	Spare only – One draw	\$50
H	Student (under 21 years of age and full-time in school)	\$133

**Note – all fees include HST**