

Grande Cache Curling Club 2011/2012 Registration Form

I am registering: A TEAM An INDIVIDUAL

Team/Skip Name: _____
(leave blank if you do not know which team you are playing with)

Which league do you wish to curl in: Open (Mon) Open (Thurs) Junior (Wed)
(check all that apply)

Member Information:

Name(s)	*Age Group	Position	Phone/Cell Number	E-mail Address

* Age group information: (J) Junior- up to 17, (A) Adult- 18-59, (S) Senior- 60 & over

May we publish member contact information on the “members page” located at www.curlgc.ca ? Yes No

Do you need to be placed on a team ? Yes No If yes, preferred position : _____
Skill level: Never Played Novice Intermediate Advanced

Registration forms may be mailed to the curling club at box 1017, Grande Cache, Alberta, T0E 0Y0. Alternatively, registration forms can be faxed to (780) 827-4424.

For more information, visit our website: www.curlgc.ca

Fees Paid _____

Receipt # _____