

# SUNDRE CURLING CLUB

## REGISTRATION INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CONTACT #: (H) \_\_\_\_\_ (C) \_\_\_\_\_

RESIDENCE: TOWN \_\_\_\_ COUNTY \_\_\_\_

YEAR OF BIRTH: \_\_\_\_\_

GENDER: M F

YEARS CURLED: \_\_\_\_\_

**PAYMENT:** \_\_\_\_\_

### LEAGUES:

STURLING AFTERNOON \_\_\_\_\_ STURLING EVENING \_\_\_\_\_

LADIES AFTERNOON \_\_\_\_\_ SENIORS \_\_\_\_\_

OPEN \_\_\_\_\_ JUNIORS \_\_\_\_\_

Revised May 27 , 2024