

Springbank Jr. Curling Program
REGISTRATION FORM - Each curler must register separately

Name (Please print clearly) _____

Age on Oct. 17/09 _____ Male Female (circle one)

Address

City _____ P/C _____

Phone _____ E-mail _____

Number of Years Curled _____
_____ at Curling Club _____

Junior Camps Attended

Teammate preference

Competitive Curling Experience including events, positions, and results (use back if necessary)

Enclose a check made out to Springbank Curling Club Re: Junior Curling Program for \$105.00

Emergency Contact Information

Name: _____ Phone number: _____

We need adult helpers.

Please let us know how you would like to help and how to contact you.

Name _____ Email _____ Phone _____

I can help (how & days)

SCC USE ONLY Date Received _____ Method of Payment: Cheque _____ Cash _____