



ELLERSLIE CURLING CLUB REGISTRATION FORM

530-71 St SW

Edmonton, AB T6X1A3

Email ellerscc@shaw.ca

www.ellersliecurling.com

Phone (780) 988-5784 Fax (780) 988-5226

League: _____

NAME: _____ Phone: _____ Cell: _____

Position: _____

Email: _____

Address (include postal code): _____

Office Use	
Fee	2nd league
Total	

I agree to receive electronic communication from ECRA and to have my phone number listed in roster/website: Yes No

NAME: _____ Phone: _____ Cell: _____

Position: _____

Email: _____

Address (include postal code): _____

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Office Use	
Fee	2nd league
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I agree to receive electronic communication from ECRA and to have my phone number listed in roster/website: Yes No

5th Player Name: _____ Phone: _____ Cell: _____

I agree to receive electronic communication from ECRA and to have my phone number listed in roster/website: Yes No

6th Player Name: _____ Phone: _____ Cell: _____

I agree to receive electronic communication from ECRA and to have my phone number listed in roster/website: Yes No

Privacy Policy:

The privacy of your information is important to us. The information collected by the ECRA is used for club business only. Your information is never disclosed or sold without permission. Uses of information include activities such as notification of draw times and mailings. Information is published annually in a membership roster which includes names and phone numbers. **If you do NOT want this information included in the roster or on website please mark the roster/website option as NO.**

All deposits are non refundable.