



REGISTRATION FORM 2015/2016

ADULT LEAGUES

CURLER'S NAME: _____

HOME PHONE: _____ CELL: _____

EMAIL: _____

LEAGUES

<input type="checkbox"/>	MENS	SKIP'S NAME: _____	<input type="checkbox"/>	
<input type="checkbox"/>	LADIES	SKIP'S NAME: _____	<input type="checkbox"/>	
<input type="checkbox"/>	MIXED	SKIP'S NAME: _____	<input type="checkbox"/>	
<input type="checkbox"/>	REC	SKIP'S NAME: _____	<input type="checkbox"/>	
			SUB TOTAL	<input type="text" value="\$ -"/>
			GST	<input type="text" value="\$ -"/>

*Each league is \$300/season + gst. Any additional league is \$200 + gst.

*Rec league is \$250/season + gst. (Price based on a team of 4 curlers)

VOLUNTEER

I do not wish to volunteer, please cash my payment of \$200.

I understand that credit card details or a cheque must be provided for the amount of \$200 deposit for volunteer fees. I acknowledge that if I do not perform my volunteer duty that my credit card or cheque will be charged the full amount on April 1, 2015 – NO EXCEPTIONS.

I agree that it is my responsibility to book my volunteer duty prior to February 1 of the current season.

TOTAL

VOLUNTEER DUTY CHOSEN

Post-dated cheque # _____ visa MC

*To choose your volunteer duty please come to see the manager, Barbara Fortin, during the office hours. fmoilsandscurlingclub@hotmail.com or 780-791-7615

EMAIL PAYMENT

Master Card / Visa _____ Expiry Date: _____

3 Digit CVV (code on back): _____