

LISTOWEL CURLING CLUB LIMITED
625 PALACE STREET EAST
LISTOWEL, ONTARIO N4W 2R7
(fill out one per person)
GENERAL REGISTRATION FORM 2011-2012

Name of Applicant _____ Phone # _____

Address and postal code _____

E-mail Address _____ Birth date _____

MEN

Monday 7:00 p.m. Position Preferred _____

LADIES

Tuesday 9:30 a.m. _____ Position Preferred _____

Thursday 7:00 p.m. _____ Team Name _____

Other team members _____

MIXED

Wednesday 7:00 p.m. _____ Position Preferred _____

SENIORS

Thursday Mixed 9:30 a.m. _____ Position Preferred _____

Juniors

Monday 5:00 pm - 6:30 pm _____

FARMERS

Friday 1:15 p.m. _____

COMPETITIVE LEAGUE

Tuesday 7pm & 9pm Skip name _____ Vice _____

2nd _____ Lead _____

Do you wish to spare any day or night ? Yes ___ Day _____ Time _____

LOCKERS Please indicate here if you wish to rent a locker for the season. Please add the amount to your registration fees. G.S.T. inc. in price.

Full length - \$18.00 _____ Short \$15.00 _____

Please return this form back to the curling club no later than October 10, 2011