

ST. ADOLPHE CURLING CLUB

2023 / 2024 OPEN DOUBLES LEAGUE REGISTRATION FORM

TEAM INFORMATION	CURL MB INFO
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Skip & Team Name (optional):	<input type="checkbox"/> 12 & ↓	Gender
Email:	<input type="checkbox"/> 13 - 17	M <input type="checkbox"/> F <input type="checkbox"/>
Phone:	<input type="checkbox"/> 18 - 29	Official Language:
Mobile:	<input type="checkbox"/> 30 - 40	Eng. <input type="checkbox"/> Fr. <input type="checkbox"/>
	<input type="checkbox"/> 41 - 55	Postal Code:
	<input type="checkbox"/> 55+	
I consent to receiving emails from the St. Adolphe Curling Club relating to news, upcoming events, programs, etc.		YES <input type="checkbox"/> NO <input type="checkbox"/>
(for Club use) Payment Method:	Amount Paid:	Lifetime Member (y/n):
		Received By:

Player 2:	<input type="checkbox"/> 12 & ↓	Gender
Email:	<input type="checkbox"/> 13 - 17	M <input type="checkbox"/> F <input type="checkbox"/>
Phone:	<input type="checkbox"/> 18 - 29	Official Language:
Mobile:	<input type="checkbox"/> 30 - 40	Eng. <input type="checkbox"/> Fr. <input type="checkbox"/>
	<input type="checkbox"/> 41 - 55	Postal Code:
	<input type="checkbox"/> 55+	
I consent to receiving emails from the St. Adolphe Curling Club relating to news, upcoming events, programs, etc.		YES <input type="checkbox"/> NO <input type="checkbox"/>
(for Club use) Payment Method:	Amount Paid:	Lifetime Member (y/n):
		Received By:

Player 3:	<input type="checkbox"/> 12 & ↓	Gender
Email:	<input type="checkbox"/> 13 - 17	M <input type="checkbox"/> F <input type="checkbox"/>
Phone:	<input type="checkbox"/> 18 - 29	Official Language:
Mobile:	<input type="checkbox"/> 30 - 40	Eng. <input type="checkbox"/> Fr. <input type="checkbox"/>
	<input type="checkbox"/> 41 - 55	Postal Code:
	<input type="checkbox"/> 55+	
I consent to receiving emails from the St. Adolphe Curling Club relating to news, upcoming events, programs, etc.		YES <input type="checkbox"/> NO <input type="checkbox"/>
(for Club use) Payment Method:	Amount Paid:	Lifetime Member (y/n):
		Received By:

Player 4:	<input type="checkbox"/> 12 & ↓	Gender
Email:	<input type="checkbox"/> 13 - 17	M <input type="checkbox"/> F <input type="checkbox"/>
Phone:	<input type="checkbox"/> 18 - 29	Official Language:
Mobile:	<input type="checkbox"/> 30 - 40	Eng. <input type="checkbox"/> Fr. <input type="checkbox"/>
	<input type="checkbox"/> 41 - 55	Postal Code:
	<input type="checkbox"/> 55+	
I consent to receiving emails from the St. Adolphe Curling Club relating to news, upcoming events, programs, etc.		YES <input type="checkbox"/> NO <input type="checkbox"/>
(for Club use) Payment Method:	Amount Paid:	Lifetime Member (y/n):
		Received By:

Return completed form on Registration Night or by email to curlstadolphe@gmail.com

Fees for Doubles Team: \$90 (payable by first date of curling)