

**CHARLESWOOD CURLING CLUB
2021 - 2022
TEAM REGISTRATION FORM**

Please PRINT or
fill electronically

LEAGUE: _____

SKIP'S NAME: _____;

Last Name *	First Name *	Address	City	Postal Code *	Phone #	email address	Age Range * (Circle one)	Paid \$10 Affiliation Fee	Fully Vaccinated** (Y/N)
							<13 13-17 18-29 30-40 41-55 +55		
							<13 13-17 18-29 30-40 41-55 +55		
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							<13 13-17 18-29 30-40 41-55 +55		
							<13 13-17 18-29 30-40 41-55 +55		

* - Information required by Curl MB for Member Affiliation

** - two approved vaccination shots at least 14 days prior to completing this form

Each team member must pay \$10 in affiliation fees (\$8 CurlMB, \$2 CurlCDA) Rates as of Sept 15/21

IF paid to more than one team at CCC, refunds will be available from Club general office after Dec 15.

Full Vaccination? Skips to collect and supply copies of member's QR codes

**PLEASE CONTACT THE OFFICE IF ANY MEMBERS ARE INTERESTED IN ADVERTISING AND VOLUNTEER
OPPORTUNITIES**