Full Time (League Membe	er)Spar	·e	_ (Please check one)
Name:			
Telephone (Home):	(Cell):	(Work)	:
Address:			
E-mail:			
	nication will be made through		
Emergency Contact (Name	e):		
Telephone (Home):	e): (Cell):	(Work):	
The Calgary Curling Club h	as mandated us to submit c	ontact information	on each member of
	us to share your contact inf		
	ation shared to the Calgary	•	•
emergency due to contact	tracing of the pandemic an	d will be kept CON	FIDENTIAL.
I give Rookies Plus permis	ssion to share my contact in	formation to the C	Calgary Curling Club
Signature	Date:		
	cle your first and second ch		
Do you prefer to play:	Skip Third Second Lea	ad	
Second choice:	Skip Third Second Lea	ad	
How many years have you	u curled?		
Have you taken a "Learn t	to Curl" course?		
	it you wish to curl on the sa		
_	0 (Spares – No Seasonal Fee gistration as soon as possib	• -	

pshepherd@telus.net

NOTE: Regardless of your payment method you must email us your registration form prior to August 28, 2020.

IF YOU ARE PAYING BY CHEQUE; Make cheque payable to "Rookies Plus Curling League and mail to

> **Rookies Plus** C/O Pat Shepherd 5151-101 Street NW Calgary, Alberta T3L 1S4

IF YOU ARE PAYING BY CASH; Payment must be brought to 1st scheduled game October 4, **2020**. Monies to be placed in an envelope and labeled with first and last name and amount.

REGISTRATION DEADLINE is AUGUST 28, 2020