

TEAM REGISTRATION FORM 2020-21



If you have a new member, please submit an individual registration form with this form.
 For returning teams, only include any [changed info](#) for team members.

Email forms to info@calgarycurlingclub.com no later than Sept 8*
 (*see Registration FAQ for details on priority registration)

Team curled the same night last year?

(if a different night, please specify - if it varies by member, please indicate who played when)

DAY OF WEEK _____

LEAGUE OPEN / MENS / MIXED please circle

Please include ALL team members and associated information as requested below.

| *NOTE: August 25 is the deadline for priority shareholder registration and Returning Teams. | Share holder? (Yes or No) | New Info? (pls include any new contact info on a separate sheet) | Member Type (R=Regular SR=Senior J=Junior ST=Student) | Other night? (list others so we can confirm your fee) | Total fee | Receipt # (office) | Posted (office) |
|---|---------------------------|--|---|---|--------------------------|--------------------------|--------------------------|
| SKIP | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3rd | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2nd | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lead | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5th | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6th | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Total Number of Shareholders on team:

Total team fee:

(for full team payment:
VISA or MC:

expiry: _____

CCV: _____

FOR OFFICE USE ONLY:

Date received: _____

Team complete: _____