

Sarnia Golf & Curling Club CURLING REGISTRATION FORM 2010-2011

NAME _____ PHONE # Home _____ Business _____ Email _____

RETURN COMPLETED FORM BY WEDNESDAY OCTOBER 6, 2010 TO: JAMIE PARKINSON, DRAWMASTER - PHONE- 519-336-2201 EXT 234 OR FAX- 519-336-7194
 EVENING WOMEN'S LEAGUES DAY LADIES LEAGUES

<u>TUES EVE (INDIVIDUALS)</u> Preferred position _____ Spare Only _____	<u>THURS EVE (TEAM ENTRY)</u> Skip _____ Vice _____ Second _____ Lead _____ Wish to be on a team _____ Spare Only _____	<u>TUES AM (INDIVIDUALS)</u> Preferred position _____ Spare Only _____	<u>WED AM (TEAM ENTRY)</u> Skip _____ Vice _____ Second _____ Lead _____ Wish to be on a team _____ Spare Only _____	<u>THURS AM (INDIVIDUALS)</u> Preferred position _____ Spare Only _____
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OPEN LEAGUES

<u>THURS EVE SKINS (INDIVIDUALS)</u> Preferred Position _____ Spare Only _____	<u>THURS 1 PM SENIOR MAJORS (TEAMS)</u> Skip _____ Vice _____ Second _____ Lead _____ Wish to be on a team _____ Spare Only _____	<u>WEDNESDAY MAJOR LEAGUE (TEAM)</u> Skip _____ Vice _____ Second _____ Lead _____ Wish to be on a team _____ Spare Only _____	<u>MONDAY NIGHT LEARN TO CURL</u> Preferred Position _____ Years of Experience _____
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EVENING MEN'S LEAGUES

DAY SR. MEN'S LEAGUES

<u>TUESDAY EVE (TEAMS)</u> Skip _____ Vice _____ Second _____ Lead _____ Wish to be on a team _____ Spare only _____	<u>WEDNESDAY EVE (NON COMPETITIVE TEAMS OR INDIVIDUALS)</u> Skip _____ Vice _____ Second _____ Lead _____ Wish to be on a team _____ Spare Only _____	<u>MONDAY SR MEN (INDIVIDUALS)</u> Preferred Position _____ Spare Only _____ Whole Year Yes No Before Xmas Yes No After Xmas Yes No	<u>WED SR COMPETITIVE (TEAMS ENTRY)</u> Skip _____ Vice _____ Second _____ Lead _____ Wish to be on a team _____ Spare Only _____	<u>FRIDAY SOB'S (INDIVIDUALS)</u> Preferred position _____ Spare Only _____
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MIXED LEAGUES

<u>MONDAY NIGHT COMPETITIVE (TEAM ENTRY)</u> Skip _____ Vice _____ Second _____ Lead _____ Wish to be on a team _____ Spare Only _____

<u>FRIDAY NIGHT MIXED</u> Preferred Position _____ Years of Experience _____ Partner's Name _____ Wish to be on a team _____ Spare Only _____

*** Please remember that everyone who participates in curling leagues or events is doing so at his or her own risk**