

2017-2018 Curling Registration Form

Name: _____

Address: _____

Postal Code: _____ E-Mail Address: _____

Home Phone: _____ Cell Phone: _____

Age Category* (Please circle one) 8-12 13-17 18-54 55+ Male / Female

Parent's Name (if under 18 yrs) _____

Name, Postal Code, Gender & Age Category are required for Curl BC to receive Government funding

Senior's and Spares have to fill out a different form.

1st League _____ Skip's _____ Amt. _____

2nd League _____ Skip's _____ Amt. _____

3rd League _____ Skip's _____ Amt. _____

4th League _____ Skip's _____ Amt. _____

Taxes (GST) are included in the prices (See Rate Sheet)

Notes: _____ Sub Total \$ _____

Cheque Cash Debit M/C Visa

_____ Exp. ____/____ Total \$ _____

Member (Receive 10% Discount)

Account # _____ Date: _____ Receipt #: _____

Please sign Injury Waiver Form

Prince George Golf & Curling Club, 2601 Recplace Drive, Prince George, BC V2N 0G2,
Fax-563-4136 Phone: 250-563-0357 (local 104)

Email: curling@pggolfandcurling.com