



**CAMPBELL RIVER CURLING CLUB**  
**INDIVIDUAL REGISTRATION FORM 2011/2012**

Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_  
 Address: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Shareholder \_\_\_\_\_ Non Shareholder \_\_\_\_\_ Locker # \_\_\_\_\_

PLEASE CHECK APPLICABLE INFORMATION BELOW

**DESIRED LEAGUE:**

Mens: Tuesday  Wednesday  Thursday   
 Ladies: Wed. Business  Tuesday  Thursday   
 Mixed: Monday Mixed   
 Open: Friday Social  Friday Novice

**DESIRED POSITION:**

NEW CURLER  LEAD  SECOND  THIRD  SKIP

EXPERIENCE: \_\_\_\_\_ YEARS

**COMMENTS:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Office use only

Date received \_\_\_\_\_ Received by \_\_\_\_\_