

2020-21 LEAGUE REGISTRATION FORM

AVONAIR CURLING CLUB
10607 – Princess Elizabeth Avenue
Edmonton, AB T5G 0Y6

Phone: (780) 477-2427; Fax: (780) 477-8256 E-Mail: info@avonaircurlingclub.com

LEAGUE REGISTERING FOR: _____

SKIP: _____ Address: _____
City: _____ Postal Code: _____ **Emergency Contact info:** _____
E-Mail: _____ MAIN Phone: (_____) _____
PLEASE CHECK HERE IF YOU DO NOT WANT YOUR NAME, EAMIL, PNONE# ON THE AVONAIR WEBSITE: _____

THIRD: _____ Address: _____
City: _____ Postal Code: _____ **Emergency Contact info:** _____
E-Mail: _____ MAIN Phone: (_____) _____
PLEASE CHECK HERE IF YOU DO NOT WANT YOUR NAME, EAMIL, PNONE# ON THE AVONAIR WEBSITE: _____

SECOND: _____ Address: _____
City: _____ Postal Code: _____ **Emergency Contact info:** _____
E-Mail: _____ MAIN Phone: (_____) _____
PLEASE CHECK HERE IF YOU DO NOT WANT YOUR NAME, EAMIL, PNONE# ON THE AVONAIR WEBSITE: _____

LEAD: _____ Address: _____
City: _____ Postal Code: _____ **Emergency Contact info:** _____
E-Mail: _____ MAIN Phone: (_____) _____
PLEASE CHECK HERE IF YOU DO NOT WANT YOUR NAME, EAMIL, PNONE# ON THE AVONAIR WEBSITE: _____

Alternate: _____ Address: _____
Emergency Contact info: _____ E-Mail: _____
MAIN Phone: (_____) _____ PLEASE CHECK HERE IF YOU DO NOT WANT YOUR NAME, EAMIL, PNONE# ON THE AVONAIR WEBSITE: _____