

2019-20 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: (_____) _____

THIRD: _____ Address: _____
City: _____ Postal Code: _____ **Emergency Contact info:** _____
E-Mail: _____ MAIN Phone: (_____) _____

SECOND: _____ Address: _____
City: _____ Postal Code: _____ **Emergency Contact info:** _____
E-Mail: _____ MAIN Phone: (_____) _____

LEAD: _____ Address: _____
City: _____ Postal Code: _____ **Emergency Contact info:** _____
E-Mail: _____ MAIN Phone: (_____) _____

Alternate: _____ Address: _____
City: _____ Postal Code: _____ **Emergency Contact info:** _____
E-Mail: _____ MAIN Phone: (_____) _____

This year there will be a deposit required for new teams. The cost will be one league fee paid no later than August 1st Via Credit Card.

NAME ON CREDIT CARD: _____

CARD NUMBER: _____

Expiry Date: _____