

# Individual Registration

**\*please fill out a registration form for each league you would like to play in.**

**\*\*please note that you will be required to be double vaccinated to join curling.**

League Name: \_\_\_\_\_

Name : \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Years of experience: \_\_\_\_\_

Preferred position: Skip: \_\_\_\_\_; Vice: \_\_\_\_\_; Second: \_\_\_\_\_;

Lead: \_\_\_\_\_; Doesn't matter: \_\_\_\_\_

League Commitment: Full-time \_\_\_\_\_; Spare \_\_\_\_\_:

Snowbird \_\_\_\_\_

Indicate how you would like to pay your curling membership below, check off the box

I would like to pay in full

I would like to make two equal installment payments ( Sept & Oct)

Comments: