

2007 Kick off Curling Funspiel

Registration Form:

TEAM INFORMATION:

Team Name: _____

Team Captain: _____

Address: _____

Phone No: _____ Fax No: _____

Email: _____

TEAM MEMBERS:

Player #1: _____

Player #2: _____

Player #3: _____

Player #4: _____

Player #5: _____

Please fax this Registration form to:
Craig Burgess @ 538-3724 before noon, February 16, 2007