



West St. Paul Curling Club
431 Grassmere Road
West St. Paul, MB R4A 5A1

(204)338-0240

2021-2022 Team Registration Form

Please complete the following for all team registrations. This form must be filled out completely and signed by each team member. Present this along with the West St. Paul Waiver forms completed by each team member to West St. Paul Curling Club along with the curling dues prior to the start of the season.

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Section 1: Team Information

Date: _____

Skip Name: _____ Skip Phone Number: _____

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Section 2: (Player Information)

Skip Name: _____ Skip Phone Number: _____

Skip Date of Birth: _____ Skip Email Address: _____

Skip Mailing Address: _____

Skip Emergency Contact Name: _____ Skip Emergency Contact Number: _____

Second Name: _____ Second Phone Number: _____

Second Date of Birth: _____ Second Email Address: _____

Second Mailing Address: _____

Second Emergency Contact Name: _____ Second Emergency Contact Number: _____

Third Name: _____ Third Phone Number: _____

Third Date of Birth: _____ Third Email Address: _____

Third Mailing Address: _____

Third Emergency Contact Name: _____ Third Emergency Contact Number: _____

Lead Name: _____ Lead Phone Number: _____

Lead Date of Birth: _____ Lead Email Address: _____

Lead Mailing Address: _____

Lead Emergency Contact Name: _____ Lead Emergency Contact Number: _____

Section 3: (Optional Players)

Fifth Name: _____ Fifth Phone Number: _____

Fifth Date of Birth: _____ Fifth Email Address: _____

Fifth Mailing Address: _____

Fifth Emergency Contact Name: _____ Fifth Emergency Contact Number: _____

Sixth Name: _____ Sixth Phone Number: _____

Sixth Date of Birth: _____ Sixth Email Address: _____

Sixth Mailing Address: _____

Sixth Emergency Contact Name: _____ Sixth Emergency Contact Number: _____



Section 5: (Registration Dues)

October 21st, is the registration cutoff and all teams non-refundable deposits of \$50/player (First 4 Players) must be submitted by October 31th or prior to the first playable game for your team.

The balance owing for each team must be submitted no later than November 15th. Failure to submit the balance by this date will result in a late fee of 5% of the balance owing at that time.

The balance can be paid via Cheque/Cash or Visa/Debit at the clubhouse lounge

Optional Membership Fee (\$200.00) x _____

Member League Fee: (\$300.00) x _____

Non-Member League Fee: (\$330.00) x _____

Junior League Fees: (\$85.00) x _____

Optional Club Donation: \$ _____ Total Cost: \$ _____



By Signing below, we agree to abide by the policies and rules set forth by West St. Paul Curling Club. We also agree that we understand the fees associated with the leagues and the details associated with these fees.

Skip Signature _____ Lead Signature _____

Second Signature _____ Optiona Fifth Signature _____

Third Signuatre _____ Optional Sixth Signature _____