



**West St. Paul Curling Club**

431 Grassmere Road

West St. Paul, MB R4A 5A1

(204)338-0240

## 2022-2023 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: \_\_\_\_\_

.....  
**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 11th, 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 \_\_\_\_\_