



2016/2017 REGISTRATION FORM

Keystone Rainbow Curling League
409-703 Riverwood Avenue
Winnipeg, MB R3T 1V6
Phone: 204-470-9106
www.keystonecurling.com

Granite Curling Club
1 Granite Way
Winnipeg, MB R3C 0Y9
Phone: 775-8239 Fax: 772-0106
www.granitecurlingclub.ca



• \$620 per team if registered by August 31st, \$660 thereafter.
• Alternates each pay a \$60 Alternate Fee. • Spares pay a \$25 Spare Fee.
All fees are due by September 16th, 2016.

Team Registration

Team Name: _____

Player 1 – Skip
First Name: _____ Last Name: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Phone: _____ Alternate phone: _____
Email address: _____
Age range (check one): 18-29 30-40 41-54 55+
I agree to be bound by the terms at the bottom of this form (Please sign) _____ Privacy Initials _____*

Player 2 – Third
First Name: _____ Last Name: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Phone: _____ Alternate phone: _____
Email address: _____
Age range (check one): 18-29 30-40 41-54 55+
I agree to be bound by the terms at the bottom of this form (Please sign) _____ Privacy Initials _____*

Player 3 – Second
First Name: _____ Last Name: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Phone: _____ Alternate phone: _____
Email address: _____
Age range (check one): 18-29 30-40 41-54 55+
I agree to be bound by the terms at the bottom of this form (Please sign) _____ Privacy Initials _____*

Player 4 – Lead
First Name: _____ Last Name: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Phone: _____ Alternate phone: _____
Email address: _____
Age range (check one): 18-29 30-40 41-54 55+
I agree to be bound by the terms at the bottom of this form (Please sign) _____ Privacy Initials _____*

(Continued overleaf)

Team Registration (cont.)

Player 5 – Alternate (add \$60 to team fee)

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Alternate phone: _____

Email address: _____

Age range (check one): 18-29 30-40 41-54 55+

I agree to be bound by the terms at the bottom of this form (Please sign) _____ Privacy Initials _____*

Player 6 – Alternate (add \$60 to team fee)

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Alternate phone: _____

Email address: _____

Age range (check one): 18-29 30-40 41-54 55+

I agree to be bound by the terms at the bottom of this form (Please sign) _____ Privacy Initials _____*

Spare Registration (\$25 spare fee must be paid before you can play)

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Alternate phone: _____

Email address: _____

Age range (check one): 18-29 30-40 41-54 55+

Curling experience (check one): none less than 1 year 1-4 years more than 4 years

I agree to be bound by the terms at the bottom of this form (Please sign) _____ Privacy Initials _____*

Payment

Team fee \$ _____

Alternate fee(s) \$ _____

Spare fee \$ _____

Total amount enclosed \$ _____ cheque cash

Make cheques payable to *Keystone Rainbow Curling League*

NOTE: All required fees, information, and signatures must be submitted before registration is considered complete.

Terms

By signing on the above signature line I hereby agree to be bound by the policy, rules and constitutions of both the Keystone Rainbow Curling League (KRCL) and the Granite Curling Club (GCC) and will not hold any of these parties responsible for any injury sustained while participating. I also acknowledge that I have been given access to the constitution, bylaws, rules and policies of both the KRCL and the GCC. This information is also available online at www.keystonecurling.com

Please include the non-refundable payment in full with this form and mail to the Keystone Rainbow Curling League. All fees are due by September 16th, 2016.

Spares agree to have their full name, phone number(s), and email address listed on the spares list – available to members only – on the league website.

The information on this form will be shared with Manitoba Liquor and Lotteries, the Granite Curling Club, and Curl Manitoba as required by policy.

* Please initial the Privacy line if you do NOT want your information published in the Granite Roster.