



YELLOWKNIFE CURLING CENTRE

www.yellowknifecurling.com

2009/2010 Team Registration

One Registration Form/Team (Please Print)

League _____

| | | | | | | |
|-----------------|-----|--|-----|-----|--------------|--|
| Team Name | | | | | | |
| Contact Person | | | | | | |
| Mailing Address | | | | | Postal Code: | |
| Telephone | (H) | | (W) | | (Fax) | |
| e-mail | (H) | | | (W) | | |

Please list team members in box provided:

| | |
|----|--|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |

Note: In order to curl, team fees MUST be paid prior to start of League Play.