

# HOWE SOUND CURLING CLUB



**November 18 - 20, 2016**

## Team Registration

**Team Name (Skip):** \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Third Name:** \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Second Name:** \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Lead Name:** \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please indicate if you need a late draw (*approx 8:30*) Friday Night.

*Yes, I need a late draw*

*No, I do not require one*

*Please Send a \$60 registration deposit to: Alma Lewis, Box 145 Brackendale, BC. V0N 1H0*

**Thank you for joining us!**  
**Good Curling!**