

THE SIMCOE CURLING CLUB DAY LADIES
SWEEP AND SLIDE INTO SPRING BONSPÉIL
MARCH 4 & 5 2004

REGISTRATION FORM

Date _____ Club Name _____

Please list names of team members

Skip _____ Vice _____

Second _____ Lead _____

Contact Name _____

Telephone _____ Email _____

MONDAY Preferred Draw Time: 9:00 a.m. or 11:30 a.m.

Please indicate below, any food allergies/sensitivities with name(s) of player affected.

Please contact Louise Harris 519-865-3055 or dayladiesleauge@simcoecurlingclub.ca for any questions or changes.

Cheque or money order for \$400 made payable to:

Simcoe Curling Club Day Ladies

Louise Harris

1362 Concession 2

Selkirk, Ontario

N3Y 4K1

Entry received on: _____

(To be completed by Simcoe)