



# 2017/2018 REGISTRATION FORM

**Keystone Rainbow Curling League**  
 149 Seine River Crossing  
 Ste Anne, MB R5H 0A7  
 Phone: 204-299-2862  
 www.keystonecurling.com

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



• \$660 per team if registered by August 31<sup>st</sup>, \$700 thereafter.  
 • Alternates each pay a \$60 Alternate Fee. • Spares pay a \$25 Spare Fee.  
**All fees are due by September 16<sup>th</sup>, 2017.**

**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  email

Make cheques payable to *Keystone Rainbow Curling League* OR send an email transfer to [keystonecurling@outlook.com](mailto:keystonecurling@outlook.com)

**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 available online at [www.keystonecurling.com](http://www.keystonecurling.com)

Please include the non-refundable payment in full (or send an email transfer to [keystonecurling@outlook.com](mailto:keystonecurling@outlook.com)) and mail the completed form to the Keystone Rainbow Curling League. All fees are due by September 16<sup>th</sup>, 2017.

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.