



ONTARIO CURLING ASSOCIATION

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TEAM REGISTRATION SHEET

Event :
Site: Date:

Each member of the team is asked to complete his/her own section:

Team's Club:

Skip: (Please print)	
Name:	Phone (Res.):
Address:	Phone (Bus.):
City+Postal:	Email:
Mixed competitions only: <input type="checkbox"/> Yes <input type="checkbox"/> No began game 1 of zones.	

Third: (Please print)	
Name:	Phone (Res.):
Address:	Phone (Bus.):
City+Postal:	Email:
Mixed competitions only: <input type="checkbox"/> Yes <input type="checkbox"/> No began game 1 of zones.	

Second: (Please print)	
Name:	Phone (Res.):
Address:	Phone (Bus.):
City+Postal:	Email:
Mixed competitions only: <input type="checkbox"/> Yes <input type="checkbox"/> No began game 1 of zones.	

Lead: (Please print)	
Name:	Phone (Res.):
Address:	Phone (Bus.):
City+Postal:	Email:
Mixed competitions only: <input type="checkbox"/> Yes <input type="checkbox"/> No began game 1 of zones.	

Coach: (Please print)	NCCP #:	Level:
Name:	Phone (Res.):	
Address:	Phone (Bus.):	
City+Postal:	Email:	

Alternate: (Please print)	Position:
Name:	Phone (Res.):
Address:	Phone (Bus.):
City+Postal:	Email:
Mixed competitions only: <input type="checkbox"/> Yes <input type="checkbox"/> No began game 1 of zones.	