

TOFIELD CURLING CLUB REGISTRATION FORM 2021-2022

LEAGUE FEES:	\$263 fee for first league (plus GST \$13.15) (student fee \$113 plus GST) \$125 fee for additional league (plus GST \$6.25) (Includes additional \$13 fee per membership from Curling Alberta)					
Monday – Men’s League	Tuesday – Ladies League	Wednesday – Modified Mixed League				
Game Start Time – 7:00 p.m.	Game Start Time – 7:00 p.m.	Game Start Time – 7:00 p.m.				
REGISTRATION FORM PER TEAM (each team member to complete a waiver form & vaccination status form)						
SKIP	Name: _____					
	Phone: _____					
	Email: _____					
Additional League (If Applicable)	Total Fee Paid	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;">CASH</td> <td style="text-align: center; border: none;">CHEQUE</td> </tr> <tr> <td style="border: 1px solid black; width: 50%;"></td> <td style="border: 1px solid black; width: 50%;"></td> </tr> </table>	CASH	CHEQUE		
CASH	CHEQUE					
	(PLEASE indicated value of fee under correct method of payment)					
THIRD	Name: _____					
	Phone: _____					
	Email: _____					
Additional League (If Applicable)	Total Fee Paid	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;">CASH</td> <td style="text-align: center; border: none;">CHEQUE</td> </tr> <tr> <td style="border: 1px solid black; width: 50%;"></td> <td style="border: 1px solid black; width: 50%;"></td> </tr> </table>	CASH	CHEQUE		
CASH	CHEQUE					
	(PLEASE indicated value of fee under correct method of payment)					
SECOND	Name: _____					
	Phone: _____					
	Email: _____					
Additional League (If Applicable)	Total Fee Paid	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;">CASH</td> <td style="text-align: center; border: none;">CHEQUE</td> </tr> <tr> <td style="border: 1px solid black; width: 50%;"></td> <td style="border: 1px solid black; width: 50%;"></td> </tr> </table>	CASH	CHEQUE		
CASH	CHEQUE					
	(PLEASE indicated value of fee under correct method of payment)					
LEAD	Name: _____					
	Phone: _____					
	Email: _____					
Additional League (If Applicable)	Total Fee Paid	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;">CASH</td> <td style="text-align: center; border: none;">CHEQUE</td> </tr> <tr> <td style="border: 1px solid black; width: 50%;"></td> <td style="border: 1px solid black; width: 50%;"></td> </tr> </table>	CASH	CHEQUE		
CASH	CHEQUE					
	(PLEASE indicated value of fee under correct method of payment)					
FIFTH (If Applicable)	Name: _____					
	Phone: _____					
	Email: _____					
Additional League (If Applicable)	Total Fee Paid	<table style="width: 100%; border: none;"> <tr> <td style="text-align: center; border: none;">CASH</td> <td style="text-align: center; border: none;">CHEQUE</td> </tr> <tr> <td style="border: 1px solid black; width: 50%;"></td> <td style="border: 1px solid black; width: 50%;"></td> </tr> </table>	CASH	CHEQUE		
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**Notification of the 50% hold back refund policy implemented at the AGM

FEES DUE UPON REGISTRATION AND NO LATER THAN THE FIRST SCHEDULED LEAGUE GAME