

# TOFIELD CURLING CLUB REGISTRATION FORM 2024-2025

Mens League \_\_\_ Ladies League \_\_\_ Open League \_\_\_ Junior League \_\_\_

<p><b>Curling Alberta FEE: \$17</b> (included in the league membership fee) <b>Includes: Personal Insurance: \$1</b> <b>Curling Alberta Fee: \$14</b> <b>Curling Canada Fee: \$2</b></p>	<p>First league - \$300 (includes GST and CA fee) Additional league - \$150 (includes GST &amp; CA fee) Student Fees - \$125 (includes GST &amp; CA fee) Spare Fees - \$17 E-transfer payment option: <a href="mailto:tofieldcurlingclub@gmail.com">tofieldcurlingclub@gmail.com</a> with member name</p>	<p><b>*Fundraising Pay Out \$200</b> <b>Please see bottom for details</b></p>
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**ONE REGISTRATION FORM PER TEAM (any additional team members please use back on page )**

Name: \_\_\_\_\_ Year of Birth \_\_\_\_\_

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

Able-bodied curler \_\_\_ Stick Curler \_\_\_ Wheelchair Curler \_\_\_ Deaf Curler \_\_\_ Blind Curler \_\_\_

Fundraising Pay Out \_\_\_ (check if applicable)

ETTRANSFER      CASH      CHEQUE

Additional League: \_\_\_\_\_  
(if Applicable)

**Total Fee Paid**

(PLEASE indicated value of fee under correct method of payment)

Name: \_\_\_\_\_ Year of Birth \_\_\_\_\_

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

Able-bodied Curler \_\_\_ Stick Curler \_\_\_ Wheelchair Curler \_\_\_ Deaf Curler \_\_\_ Blind Curler \_\_\_

Fundraising Pay Out \_\_\_ (check if applicable)

ETTRANSFER      CASH      CHEQUE

Additional League: \_\_\_\_\_  
(If Applicable)

**Total Fee Paid**

(PLEASE indicated value of fee under correct method of payment)

Name: \_\_\_\_\_ Year of Birth \_\_\_\_\_

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

Able-bodied Curler \_\_\_ Stick Curler \_\_\_ Wheelchair Curler \_\_\_ Deaf Curler \_\_\_ Blind Curler \_\_\_:

Fundraising Pay Out \_\_\_ (check if applicable)

ETTRANSFER      CASH      CHEQUE

Additional League \_\_\_\_\_  
(If Applicable)

**Total Fee Paid**

(PLEASE indicated value of fee under correct method of payment)

Name: \_\_\_\_\_ Year of Birth \_\_\_\_\_

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

Able-bodied Curler \_\_\_ Stick Curler \_\_\_ Wheelchair Curler \_\_\_ Deaf Curler \_\_\_ Blind Curler \_\_\_

Fundraising Pay Out \_\_\_ (check if applicable)

ETTRANSFER      CASH      CHEQUE

Additional League \_\_\_\_\_  
(If Applicable)

**Total Fee Paid**

(PLEASE indicated value of fee under correct method of payment)

Name: \_\_\_\_\_ Year of Birth \_\_\_\_\_

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

Able-bodied Curler \_\_\_ Stick Curler \_\_\_ Wheelchair Curler \_\_\_ Deaf Curler \_\_\_ Blind Curler \_\_\_

Fundraising Pay Out \_\_\_ (check if applicable)

ETTRANSFER      CASH      CHEQUE

Additional League \_\_\_\_\_  
(If Applicable)

**Total Fee Paid**

(PLEASE indicated value of fee under correct method of payment)

**\*Fundraising Pay Out Will replace any fundraising or tickets sale requirements for the year.**

\*\*Notification of the 50% hold back refund policy implemented at the AGM

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