



2018/19 INDIVIDUAL REGISTRATION FORM

6150 176th Street, Surrey, BC V3S 4E7
 Phone: 604.574.4483 Fax: 604.574.5595
 Email: manager@cloverdalecurlingclub.ca

NAME:			
M/F:	_____	MEMBER / NON-MEMBER:	_____
ADDRESS:	_____		

	Postal Code		
EMAIL:	_____		
TELEPHONE:	Res: _____	Cell:	_____
BIRTHDATE:	_____/_____/_____ DAY MONTH YEAR		
* POSTAL CODE AND BIRTHDATE INFORMATION IS MANDATORY FOR ALL NEW REGISTRATIONS			

<u>LEAGUE</u>	<u>TEAM NAME</u>	<u>Position</u>
Monday Open		
Tuesday Morning Ladies		
Tuesday Men's		
Wednesday Open		
Thursday Men's		
Friday Night Open		
Sunday Evening Novice		
Sunday Morning		

Locker # _____

Credit Card : Visa _____ MasterCard _____	Credit Card #: _____
Expiry Date: _____	Amount: _____
I authorize the Cloverdale Curling Club to charge my credit card a deposit of \$100 on Sept 1/18 and my outstanding dues on October 1, 2018	
Signature: _____	Cheque # _____ Date: _____

** I agree to allow my name/phone number to be published in the club Roster Book and/or on the club website roster (Y/N) _____.

ALL REGISTRATION FEES MUST BE PAID IN FULL BY OCTOBER 31st, OR TEAMS WITH NON-PAID PLAYERS WILL NOT RECEIVE POINTS FOR A WIN.

WHEN LATE FEES ARE PAID IN FULL, POINTS FOR WINS WILL RESUME, HOWEVER LOST POINTS WILL NOT BE REINSTATED.

Privacy issue: All personal information will be used only for reporting to Curl BC and other club purposes, but will not be sold or distributed to third parties.