



**CURLING REGISTRATION FOR 2009-2010 SEASON**

Name of Sponsor \_\_\_\_\_

Name of Team \_\_\_\_\_

Contact Person \_\_\_\_\_

Name

Address

Telephone

Email

(Contact person is responsible for contacting all members of the team concerning curling times, special events, etc. He or she should rotate all team members so they have equal curling time throughout the year.)

Names of other curlers on this team (No limit) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Circle the first choice & underline your second choice of your curling time: Wednesdays @ 6:30, Wednesdays @ 8:00, Saturdays @ 6:30, Saturdays @ 8:00.

Mail your team's checks totaling \$600 before 10-10-09 or \$650 afterwards to Box 1060, Walker, MN 56484.

In case of an accident, all of the names above agree to hold harmless the following entities: Walker Area Community Center, Walker Curling Club, the sponsor of your team and/or other members of your team. Every curler must sign a waiver of liability before they go on the ice.