



## Team Registration Form

All participants must be a club member. Members may curl on their primary team and/or sub on any team.

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

Team Contact \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Other curlers on this team:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Circle your first choice and underline your second choice of curling time:

Wednesday 6:15, Wednesday 7:45, Saturday 7:30.

Mail this form and your team fee of \$600 to:  
Walker Curling Club, Box 327, Walker MN 56484

By participating, you agree to hold harmless all individuals, organizations and entities associated with the Walker Curling Club and the Walker Area Community Center. You curl at your own risk.