

# TAVISTOCK & DISTRICT CURLING CLUB

## 2024-2025 YOUTH REGISTRATION UNDER 19YRS

10 AM Saturdays

**One application form per person**

Name \_\_\_\_\_ phone number \_\_\_\_\_

Address \_\_\_\_\_ City/Town \_\_\_\_\_

Postal Code \_\_\_\_\_ Email \_\_\_\_\_

Birth date: dd/mm/yy \_\_\_\_\_ age \_\_\_\_\_

**Parent/guardian/emergency contact:**

Name(s) \_\_\_\_\_

Phone number(s) \_\_\_\_\_

FEE: \$65      Fee Payable to Tavistock Curling Club      \$ \_\_\_\_\_      date: \_\_\_\_\_

**Must be accompanied with signed waver form**

Payment forms accepted     Cash     cheque     online, etransfer

**Waiver Certification:** I/we hereby certify that I/we have read and agree to the applicable waiver form found under Registration at : [tavistockcurlingclub.ca](http://tavistockcurlingclub.ca)

Signed \_\_\_\_\_

Send completed forms to Bill Green : [bgreen0527@gmail.com](mailto:bgreen0527@gmail.com)

Other questions : Bill Green 519 301 4654 or [bgreen0527@gmail.com](mailto:bgreen0527@gmail.com)