

SOUTH RIVER CURLING CLUB REGISTRATION FORM 2020-2021

Print Name: _____

ADDRESS: _____

EMAIL: _____

TEL. #: _____

<u>RATES 2020 – 2021</u>				
	<u>Full Season</u>	<u>Half Season</u>	(circle)	
One League - Tuesday Morning Ladies	<input type="checkbox"/> \$215.00	<input type="checkbox"/> \$150.00	Fall	Winter
- Thursday Morning Seniors	<input type="checkbox"/> \$215.00	<input type="checkbox"/> \$150.00	Fall	Winter
- Mon/Wed. Night Mixed	<input type="checkbox"/> \$265.00	<input type="checkbox"/> \$185.00	Fall	Winter
- Tues/Thurs Night Competitive	<input type="checkbox"/> \$265.00	<input type="checkbox"/> \$185.00	Fall	Winter
+ Spare in 1 Other League Add \$50	<input type="checkbox"/> Ladies	<input type="checkbox"/> Seniors	<input type="checkbox"/> Mon/Wed	<input type="checkbox"/> Tues/Thurs
Two Leagues - Ladies + Seniors	<input type="checkbox"/> \$290.00	<input type="checkbox"/> \$200.00	Fall	Winter
- Seniors + Mon/Wed.	<input type="checkbox"/> \$305.00	<input type="checkbox"/> \$210.00	Fall	Winter
- Seniors + Tues/Thurs	<input type="checkbox"/> \$305.00	<input type="checkbox"/> \$210.00	Fall	Winter
- Ladies + Mon/Wed.	<input type="checkbox"/> \$305.00	<input type="checkbox"/> \$210.00	Fall	Winter
- Ladies + Tues/Thurs	<input type="checkbox"/> \$305.00	<input type="checkbox"/> \$210.00	Fall	Winter
- Mon/Wed + Tues/Thurs	<input type="checkbox"/> \$335.00	<input type="checkbox"/> \$235.00	Fall	Winter
Leagues I would also like to spare in:	<input type="checkbox"/> Ladies	<input type="checkbox"/> Seniors	<input type="checkbox"/> Mon/Wed	<input type="checkbox"/> Tues/Thurs
Three Leagues – Ladies + Seniors + M/W	<input type="checkbox"/> \$340.00	<input type="checkbox"/> \$240.00	Fall	Winter
- Seniors + M/W + T/Th	<input type="checkbox"/> \$360.00	<input type="checkbox"/> \$250.00	Fall	Winter
STUDENTS (High School)	<input type="checkbox"/> \$130.00	SPARING ONLY	<input type="checkbox"/> \$150.00	

Please make CHEQUE PAYABLE TO SOUTH RIVER CURLING CLUB

Note: If you prefer, you may pay in two installments (October and January payments).

****If unable to attend the in-person registration, send your cheque along with: completed registration form; signed Waiver of Liability form; and signed COVID-19 Declaration of Compliance form**

to: Dawn Arnold Box 326 SOUTH RIVER POA 1X0

Registration Committee Use Only:

CASH (October) _____ (amt.) **CHEQUE (October) :** _____ (amt.) Cheque # _____
 CASH (January) _____ (amt.) **CHEQUE (January):** _____ (amt.) Cheque # _____