

In Support of
Community Living Brant

Date: _____

REGISTRATION FORM

- Yes, I would like to register a team and commit to raising a minimum- \$400.00 per team
- I would like to register as an individual (Please add me to a team)
- I would prefer Early Afternoon Draw Late Afternoon Draw

Company Name (if applicable)

Family Name/Team Name

Address

City

Postal Code

Telephone #

Fax #

Email

CURLER #1 - CAPTAIN

First Name

Last Name

Address

City

Postal Code

Phone Number/Email Address

CURLER #2

First Name

Last Name

Address

City

Postal Code

Phone Number/Email Address

CURLER #3

First Name

Last Name

Address

City

Postal Code

Phone Number/Email Address

CURLER #4

First Name

Last Name

Address

City

Postal Code

Phone Number/Email Address

- I wish to donate the following item(s) to the silent auction or prize table _____

Please note:

1. If your workplace and/or family is entering more than 1 team. Please photocopy this form.
2. Participant packages will be delivered to you, the team captain, for your team. If you wish to make changes to your roster, please contact Kim Walsh at (519) 756-2662 ext. 213

Please complete the registration form and return it to:

Community Living Brant, Curling Bonspiel; 366 Dalhousie St.; Brantford, ON N3S 3W2

Phone (519) 756-2662 ext. 213 Fax (519) 756-7668