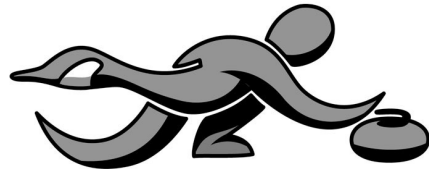


CURLING CLUB OF KINGSVILLE

P.O. Box 403
Kingsville, ON N9Y 1C9
(519) 733-3056
curling@on.aibn.com



MEMBERSHIP APPLICATION 2008-2009 (Please fill in all information for our records)

Name _____ Phone # _____

Address _____ Town _____ Postal Code _____

E-mail _____ Are you interested in "On the Button" by email? Yes No

Do you wish the above information to be included in the Club's Directory? Yes No

CURLING FEES (GST included)

FULL MEMBER **\$380.00**

(Payment option: 4 cheques @\$95.00 post dated for July 1, Aug.1, Sept.1, Oct.1)

Early bird special for Full Membership by July 1st **\$350.00**

HALF YEAR MEMBER *Fall or Winter* (Please indicate which) **\$200.00**

NEW MEMBER *(first year at Curling Club of Kingsville)* **\$200.00**

SECOND CONSECUTIVE YEAR *(at Curling Club of Kingsville)* **\$300.00**

INTERMEDIATE MEMBER *(16-21 years of age)* **\$160.00**

SOCIAL MEMBER *(no curling, but subscription to "On the Button" Newsletter and charge account at the Club)* **\$ 40.00**

**YOUTH MEMBER APPLICATION FORM AVAILABLE - Call Glenda @519-733-9616
And/or see the form below**

CURLING OPTIONS (Indicate choices)

- MONDAY EVENING MEN'S LEAGUE**
- TUESDAY** A.M. *(Pay-as-you-play)*
- TUESDAY EVENING MIXED SKIPS' ENTRY**
- WED. EVE. Ladies' League**
- THURSDAY** A.M. *(Pay as you Play)*
- THURSDAY EVENING SKIPS' ENTRY**
- FRIDAY EVENING MIXED SOCIAL**
- SUNDAY YOUTH PROGRAM**

*** Cheques are payable to **Curling Club of Kingsville**. "ATTN Membership Chair"

***Please include **\$10.00 locker fee** if needed.

*** All memberships are due by November 15th or subject to a \$50.00 penalty + 2% per month

*** No refund of dues after November 30th

*** Call Bonnie Monminie (519-733-2590) or e-mail @ bmonminie@hotmail.com with any inquiries.

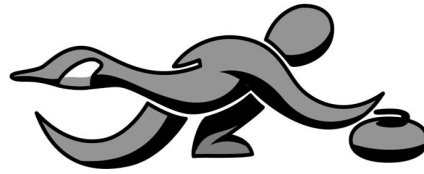
*** All memberships other than Social includes **UNLIMITED SPARING**

*** **Bonus of \$25 Bar Tab** when a member recruits a new member!!

Signature _____

Date _____

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JUNIOR CURLING 2008-2009 REGISTRATION FORM

First Name	Last Name	Age	Grade	Years Curled

Parent(s) Name _____

Telephone No. _____

Address _____

PERMISSION BY PARENT TO CURL

I hereby give permission for my son/daughter/ward to take part in Junior Curling at the Curling Club of Kingsville. I hold the Curling Club of Kingsville and instructors harmless for any injury to my child, provided that reasonable care and caution are/were taken.

Signed _____ Date _____

Payment

\$35.00 First Child _____

Payment by Cash _____

\$60.00 Family (2 or more) _____

Cheque _____

Received by _____

Date _____