

CURLING CLUB OF KINGSVILLE
P.O. Box 403
Kingsville, ON N9Y 2G1
(519) 733-3056

admin@kingsvillecurling.com
www.kingsvillecurling.com

JUNIOR MEMBERSHIP APPLICATION 2011-2012
(Please fill in all information for our records)
Return completed form to address above.



| First Name | Last Name | Age | Birth Date | Grade | Years Curled |
|------------|-----------|-----|------------|-------|--------------|
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Parents Name _____

Telephone No _____

Address _____

Email 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.

Parent/Guardians Signature _____ Date _____

Payment

\$50 first child CASH _____

\$25 second child CHEQUE _____

\$100 family (3 or more) RECV'D BY _____

DATE _____