

# Yorkton Curling Club Registration Form

**League:** Please Circle all that apply

Super League – Monday

Tuesday-Men's

Friday – Mixed

Super League – Tuesday

Tuesday-Ladies'

Tuesday-Seniors

Thursday-Seniors

Thursday – Men's

Wednesday-Ladies'

**Team Members:**

Skip Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Third Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Second Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Lead Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PLEASE RETURN THIS COMPLETED FORM BY  
October 2, 2008 TO:**

Yorkton Curling Club  
P.O. Box 162  
Yorkton, SK S3N 2V6

Email [yorktoncurlingclub@sasktel.net](mailto:yorktoncurlingclub@sasktel.net)  
OR Fax to (306) 786-7772