PORT ELGIN CURLING CLUB

##### SKIP’S CHOICE LEAGUE DRAW REGISTRATION FORM

This form is for any SKIP that has a curling team assembled and they want to enter a team in the Skip’s Choice League. The **Skip** (or team member designated by the Skip) is the **only member** of the team that is required to fill out this form and submit it with all the following information:

1. Name and Phone number of each team member.
2. Put the team members name next to the position that they will be playing on the team.
3. Depending on the number of teams in the league, there may be games that are required to be played outside of the Thursday night schedule.
4. Please identify any team members who are shift workers.

***Skip’s Choice Draw***

SKIP Name: \_ Ph #\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail: \_\_\_\_\_\_\_\_\_\_\_\_

VICE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ph #\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail: \_\_\_\_\_\_\_\_\_\_\_\_

SECOND \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ph #\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_

LEAD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ph #\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_

5th team \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ph #\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_

Member (optional)

**NOTE:**

**Registration forms must be submitted by each team member before the first night of curling or that member will not be eligible to curl.**

**SPARING for Skip’s Choice League**

If you want to be put on the SPARE list for the Skip’s Choice League, fill in the information below and submit this entire sheet with your registration form.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_

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