



1464 Broadway Avenue, Regina, SK, S4P 1E2

Team Name: _____

tartan@tartancurling.ca
www.tartancurling.com

Phone: 522-1649
 Fax: 522-1611

League(s): _____

Paid: Skip Third Second Lead Alternate

Skips Name			
Address			
City	Postal Code		
Phone (r)	Phone (b)		
Phone (c)	Fax		
E-Mail Address			Paid in Full
Amount Due:	Amount Paid:	Date:	<input type="radio"/>
Thirds Name			
Address			
City	Postal Code		
Phone (r)	Phone (b)		
Phone (c)	Fax		
E-Mail Address			Paid in Full
Amount Due:	Amount Paid:	Date:	<input type="radio"/>
Seconds Name			
Address			
City	Postal Code		
Phone (r)	Phone (b)		
Phone (c)	Fax		
E-Mail Address			Paid in Full
Amount Due:	Amount Paid:	Date:	<input type="radio"/>
Leads Name			
Address			
City	Postal Code		
Phone (r)	Phone (b)		
Phone (c)	Fax		
E-Mail Address			Paid in Full
Amount Due:	Amount Paid:	Date:	<input type="radio"/>
Alternates Name			
Address			
City	Postal Code		
Phone (r)	Phone (b)		
Phone (c)	Fax		
E-Mail Address			Paid in Full
Amount Due:	Amount Paid:	Date:	<input type="radio"/>

*To accommodate scheduling, return applications by: Mon. Sept. 21, 2009

