

COYOTES CURLING CLUB
Fall 2010 League Registration Form
Friday 11:00am to 1:00pm

Mid-September, 2010 until Mid-December, 2010 (12 weeks)

Please Print

Name: _____

Address: _____ Apt No. _____

City: _____ State: _____ Zip Code: _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____

E-Mail: _____

Club Membership Dues (2010/2011): \$40 per person (must be paid, unless paid in Summer)
Please note - If you are playing on both Friday & Saturday,
you only need to pay membership dues one (1) time

Fall 2010 League Registration Fee: \$230 per person (Before Aug. 30th) _____
\$255 per person (After Aug. 30th) _____

1. Are you a new curler? Yes _____ No _____
 - a. If no, years Experience: _____
 - b. If no, Positions played: _____
2. What position would you like to play? 1st choice _____ 2nd choice _____
3. Please list names of other curlers you would like to be teamed with.*
Names: _____
Names: _____
Names: _____
*requests will be taken under consideration
4. Would you rather be a spare or substitute than curl regularly throughout the Fall session? (Although you would not be required to pay the full \$255 registration fee, you would be required to pay \$25 per night. Club Membership Dues of \$40 are required)
Yes _____ No _____
5. Learn to Curl:
 - a. Would you be interested in the following Learn to Curls:
Beginner _____ Advanced _____ Strategy _____
 - b. If you are experienced would you be willing to help out and/or teach? Yes _____ No _____
6. Would you be willing to serve on a committee? Yes _____ No _____

YOU MAY FAX THIS FORM TO 480-473-0343, E-MAIL TO shawntait@covotescurling.com, OR MAIL TO 9375 E. BELL ROAD, SCOTTSDALE, AZ 85260

****If you do not receive a confirmation of your registration, contact me, carlnelson@covotescurling.com****

Payment: Cash _____ Card No. _____
Check _____ Security Code: _____
Credit Card VS / MC / AX / DS Exp. Date _____ / _____ / _____
Amount \$ _____ Signature: _____