

TAVISTOCK & DISTRICT CURLING CLUB

2025-2026 YOUTH REGISTRATION UNDER 19YRS

10 AM Saturdays

One application form per person

Name _____ phone number _____

Address _____ City/Town _____

Postal Code _____ Email _____

Birth date: dd/mm/yy _____ age _____

Parent/guardian/emergency contact:

Name(s) _____

Phone number(s) _____

FEE: \$65 Fee Payable to Tavistock Curling Club \$ _____ date: _____

Must be accompanied with signed waver form

Total Fee Due – Payable to Tavistock Curling Club

Payment forms accepted Cash cheque online, etransfer to tcctransfer@gmail.com

Waiver Certification: I/we hereby certify that I/we have read and agree to the applicable waiver form found under Registration at : tavistockcurlingclub.ca

Signed _____

Send completed forms to Bill Green : bgreen0527@gmail.com

Other questions : Bill Green 519 301 4654 or bgreen0527@gmail.com