



Glanford Curling Club

Bonspiel Registration Form

Please enter my team in the _____ Bonspiel on _____.
(Name of Bonspiel) (Date)

Name of your Club: _____

Team Contact Information

Name: _____ Email: _____

Phone: _____ Alternate Phone: _____

Skip Name: _____ Vice Name: _____

Second Name: _____ Lead Name: _____

I would prefer the Early/Late time (circle preferred time). Note that starting time cannot be guaranteed.

8:30am

10:30am

Either

Lunch is included. Please indicate any dietary concerns or food allergies.

Cost is \$160.00 per team. Cheque is payable to Glanford Curling Club.

Please mail completed form with cheque to:

Attention: Nancy Rocca
Glanford Curling Club
Box 154, 3091 Homestead Drive
Mount Hope, Ontario. L0R 1W0

Entries are accepted on a first come basis. Entry is not complete until payment has been received. Confirmation will be sent via email or phone.

If you have any questions, please contact Nancy Rocca:

Email: glanfordopenbonspiels@gmail.com

Phone: 905-304-1418