



GLANFORD CURLING CLUB

Bonspiel Registration Form

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

Team Contact Information		email	
Phone		Alt. Phone	
Team Name		Club	
Skip		Vice	
Second		Lead	

We prefer the start time **Early** **8:30 am** **Late** **10:30 am** **Either** (Please circle one)

Are there any dietary concerns or food allergies on your team that we should be aware of?

No **Yes** (please specify) _____

Cost is \$180 per team. \$200 for the Stick Spiel. *There are special forms and prices for Scotch Doubles and Robbie Burns Open*

Please make cheques payable to **GLANFORD CURLING CLUB INC.**

Mail completed form with cheque to: OR

Attention: Nancy Rocca
Glanford Curling Club
Box 153
3091 Homestead Drive
Mount Hope, ON
L0R 1W0

Email registration form to:

glanfordbonspiels@gmail.com

If you would like to pay with e-transfer contact Nancy

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

Contact Nancy Rocca

Email: glanfordbonspiels@gmail.com

Text or Phone: **905-304-1418**