

## Scotch Doubles Bonspiel Registration Form

Please enter my team in the **Scotch Doubles on Saturday, January 4, 2025**

Name of your Club: \_\_\_\_\_

### Team Contact Information

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Second Player - \_\_\_\_\_

Please indicate any dietary concerns or food allergies.

\_\_\_\_\_

Please circle your preferred start time. Note that starting time cannot be guaranteed. First to register will get first choice.

8:30 am    9:25 am    10:20 am

Cost is \$100.00 per team. Cheque is payable to Glanford Curling Club Incorporated.  
Please mail completed form with cheque to:

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

### OR

E-mail registration form to [glanfordbonspiels@gmail.com](mailto:glanfordbonspiels@gmail.com). Please contact Nancy if you would like to pay with an E-transfer.

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:  
E-mail: [glanfordbonspiels@gmail.com](mailto:glanfordbonspiels@gmail.com) Text or Phone: 905-304-1418

