



# ONTARIO CURLING ASSOCIATION

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## TEAM REGISTRATION SHEET

Event : .....  
Site: ..... Date: .....

**Each member of the team is asked to complete his/her own section:**

**Team's Club:** .....

<b>Skip:</b> (Please print)	
Name: .....	Phone (Res.): .....
Address: .....	Phone (Bus.): .....
City+Postal: .....	Email: .....
Mixed competitions only: <input type="checkbox"/> Yes <input type="checkbox"/> No began game 1 of zones.	

<b>Third:</b> (Please print)	
Name: .....	Phone (Res.): .....
Address: .....	Phone (Bus.): .....
City+Postal: .....	Email: .....
Mixed competitions only: <input type="checkbox"/> Yes <input type="checkbox"/> No began game 1 of zones.	

<b>Second:</b> (Please print)	
Name: .....	Phone (Res.): .....
Address: .....	Phone (Bus.): .....
City+Postal: .....	Email: .....
Mixed competitions only: <input type="checkbox"/> Yes <input type="checkbox"/> No began game 1 of zones.	

<b>Lead:</b> (Please print)	
Name: .....	Phone (Res.): .....
Address: .....	Phone (Bus.): .....
City+Postal: .....	Email: .....
Mixed competitions only: <input type="checkbox"/> Yes <input type="checkbox"/> No began game 1 of zones.	

<b>Coach:</b> (Please print)	NCCP #: .....	Level: .....
Name: .....	Phone (Res.): .....	
Address: .....	Phone (Bus.): .....	
City+Postal: .....	Email: .....	

<b>Alternate:</b> (Please print)	Position: .....
Name: .....	Phone (Res.): .....
Address: .....	Phone (Bus.): .....
City+Postal: .....	Email: .....
Mixed competitions only: <input type="checkbox"/> Yes <input type="checkbox"/> No began game 1 of zones.	