



Granite Curling Club

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MOTHER CLUB FALL CURLING CLASSIC

REGISTRATION FORM

DATE: _____

DIVISION: MEN _____ WOMEN _____

TEAM NAME: _____

TEAM CONTACT: _____

CONTACT PERSON'S EMAIL _____

PHONE _____

PLAYERS LIST:

SKIP _____

THIRD _____

SECOND _____

LEAD _____

ARE YOU REGISTERED FOR CTRS POINTS YES/NO