

# CLUB DE CURLING DE KAPUSKASING CURLING CLUB

68, chemin Brunelle Road North

Kapuskasing ON

P5N 2L8

Telephone / Téléphone (705-335-8842)

Internet : [www.kapcurlingclub.ca](http://www.kapcurlingclub.ca) / [admin@kapcurlingclub.ca](mailto:admin@kapcurlingclub.ca)



## 2018-19 REGISTRATION FORM

(French on reverse side)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### LEAGUES

<input type="checkbox"/> Regular Man / Woman	\$340	\$ _____
<input type="checkbox"/> Shiftworker (1/2 time, 2 leagues)	\$200	\$ _____
<input type="checkbox"/> Regular Senior *	\$295 (or \$65 monthly)	\$ _____
<input type="checkbox"/> Women's Tuesday pm	\$200 (or \$50 monthly)	\$ _____
<input type="checkbox"/> 1 League (1 game per week only)	\$200	\$ _____
<input type="checkbox"/> Shiftworker (1/2 time, 1 league)	\$100	\$ _____
<input type="checkbox"/> Junior (ages 19 & 20)	\$190	\$ _____
<input type="checkbox"/> Bantam (ages 14 to 18)	\$95	\$ _____
<input type="checkbox"/> Locker	\$20	\$ _____
* Senior = 55+ and retired		Subtotal: \$ _____
		HST 13%: \$ _____
<input type="checkbox"/> Association Fees	\$17	\$ 17.00
		Total: \$ _____
<input type="checkbox"/> Little Rocks (up to age 13)		Total: \$ 90.00

### OTHER

<input type="checkbox"/> Learn to Curl (2 evenings)	Total: \$ 60.00 (HST included)+
<input type="checkbox"/> Honorary member	Total: \$ 10.00 (HST included)
Spare fee (non-league members, sr mornings, Tuesday pm and <b>paid daily</b> )	\$12 per game (HST included)
HST # TVH 127917565RT0001	
+ <i>Deducted from membership fee if paid for a full season</i> _	

### MEMBERSHIP

Membership fees are subject to a late payment fee of \$20 after November 16, 2018.

Membership fees can be paid in one lump sum or by 3 post-dated checks (Nov.16, Dec.31, Feb.28).

The waiver form must be filled out and signed to complete the registration process.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only** NOCA#: \_\_\_\_\_

Received by: \_\_\_\_\_

Fees Paid: \_\_\_\_\_

Check \_\_\_\_\_ Cash \_\_\_\_\_ Installments \_\_\_\_\_

Date: \_\_\_\_\_

Locker # \_\_\_\_\_ Men \_\_\_\_\_ Women \_\_\_\_\_