

## Nosbonsing Curling Club Membership Form 2024-2025

Name(s): \_\_\_\_\_  
 Email(s): \_\_\_\_\_  
 Telephone: \_\_\_\_\_

Please indicate if you have a Smart Serve Certification

### League Selection (check all that are applicable)

- |  |  |
|--|--|
| <input type="checkbox"/> Daytime (Tuesday and/or Thursday)<br>Preference <input type="checkbox"/> 10 a.m. <input type="checkbox"/> 12:30 p.m.<br><br><input type="checkbox"/> Men's (Monday and / or Tuesday Evening)<br><br><input type="checkbox"/> Women's (Tuesday and / or Wednesday Evening) | <input type="checkbox"/> Mixed (Wednesday and / or Thursday and / or Friday Evening <sup>1</sup> )<br><br>Mixed League must consist of 2 men, 2 women. |
|--|--|

*Note 1: a Sunday evening draw may be utilized for Mixed if numbers necessitate*

### Team (not applicable for Daytime League)

League: \_\_\_\_\_  
 Team Skip: \_\_\_\_\_  
 Other Curlers on your Team:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**\*\*If Registering for Multiple Leagues, Fill Out this Section\*\***

League: \_\_\_\_\_  
 Team Skip: \_\_\_\_\_  
 Other Curlers on your Team:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**OR:**  I wish to be placed on a team

### Payment

| Membership Type                             | Fees (includes HST)   | Payment Method (check applicable) <sup>2</sup> |                          |                          |
|---|-----------------------|--|--------------------------|--------------------------|
|   |                       | Cash   | EMT                      | Cheque                   |
| Single Evening Play<br>(allows for Daytime) | \$240.00 <sup>3</sup> | <input type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Double Evening Play<br>(allows for Daytime) | \$300.00 <sup>3</sup> | <input type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Daytime League Only                         | \$160.00 <sup>3</sup> | <input type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/> |
| Student / New Member                        | \$120.00 <sup>3</sup> | <input type="checkbox"/>                       | <input type="checkbox"/> | <input type="checkbox"/> |

*Note 2: Payment by EMT to [nosbonsingcurling@gmail.com](mailto:nosbonsingcurling@gmail.com) or cheque payable to the Nosbonsing Curling Club is preferred.*

*Note 3: A late fee of \$20.00 will apply for payments received after January 1<sup>st</sup>, 2025.*

I understand that there are inherent risks involved in the sport of curling. I agree to participate at a level appropriate to my skills to ensure my safety and the safety of others. I accept full responsibility for my safety and understand proper equipment should be worn to help prevent personal injury. This includes appropriate head protection and a shoe/gripper that offers optimum balance and stability.

Member Signature(s) \_\_\_\_\_

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