



## 2012 Region Entry Form/Member Facility Certification

<b>Region ____ Playdown</b>	
Location:	
Dates:	
Team Name:	
Club Representing:	
Male	<input type="checkbox"/>
Female	<input type="checkbox"/>
Skip:	
Vice:	
Second:	
Lead:	
Contact info:	
Name	
Phone	
Email	
Alternate Contact:	
Name	
Phone	
Email:	
I certify that all members of the team listed above and representing the club named above are members in good standing of the Northern Ontario Curling Association.	
Name:	
Signature	