

TEAM REGISTRATION AND MEMBER FACILITY CERTIFICATION

I certify that all members of the team listed below and representing:

_____ (club) in the 2012 _____ Championship are members in good standing of the Northern Ontario Curling Association and are a (minimum or maximum) age of (16) (19) (20) (50) or (60) years of age on December 31, 2011. Please circle the appropriate category.

SKIP

(Print name in full)

THIRD

(Print name in full)

SECOND

(Print name in full)

LEAD

(Print name in full)

FIFTH (if necessary)

(Print name in full)

COACH

(Print name in full) CC # _____

I _____, representing this member facility of the Northern Ontario Curling Association, hereby confirm that the above mentioned team is representing our member facility in this year's _____ playdowns.

(Signature)

(Print name in full)

FORWARD BY FAX, EMAIL OR COURIER TO:

Northern Ontario Curling Association
P.O. Box 940, 214 Main Street West, Unit 4
Atikokan, ON P0T 1C0
807-597-4241 Fax lesliekerr@curlnoca.ca

THIS FORM MUST BE RECEIVED ONE WEEK PRIOR TO THE START OF THE FIRST COMPETITION