



Adult Curling League Roster (Winter: 2019-2020)



Registration Deadline: 1st 24 Teams Registered (Roster = 4 player min.)

\$250 Team Fee MUST BE PAID IN FULL when team registration is submitted to DPR or it will not be accepted!

Circle proper level at which you feel your team would be competitive. (#1 is Top League):	1	2	3	4	5				
Team Name: _____									
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; border: none;">Did team play in 2019 Fall League?</td> <td style="width: 10%; border: none; text-align: center;">Yes</td> <td style="width: 10%; border: none; text-align: center;">No</td> <td style="width: 50%; border: none;">What Name? _____</td> </tr> </table>						Did team play in 2019 Fall League?	Yes	No	What Name? _____
Did team play in 2019 Fall League?	Yes	No	What Name? _____						
Manager/Skip: _____	Cell Phone _____	Alt. Phone _____							
E-mail Address: _____									
Mailing Address: _____	City: _____	State: _____	Zip: _____						

I, and all my executors, administrators hereby waive and release any and all rights and claims against the Dickinson Parks & Recreation District, Dickinson Public & Catholic Schools, Dickinson State University, and all those associated with this program from any liability for injuries which may occur while participating in this program.

<i>Prior Curling Experience</i>		PLAYER'S NAME	E-MAIL ADDRESS	PHONE (cell #)	SIGNATURE	AGE	T-SHIRT SIZE
Yes	No	1)					
Yes	No	2)					
Yes	No	3)					
Yes	No	4)					
Yes	No	5)					
Yes	No	6)					

\$250 Team Registration Fee (Receipt #): _____

RECEIVED BY (DPR Employee initials): _____

NOTES: