



# Adult Curling League Roster (FALL: 2024)



**Registration Deadline: Tuesday July 9**

**\$275 Team Fee (4 Player Min.) MUST BE PAID IN FULL** when team registration is submitted to DPR or it will not be accepted!

|  |                   |             |                   |            |          |
|--|-------------------|-------------|-------------------|------------|----------|
| <b>Circle proper level at which you feel your team would be competitive. (#1 is Top League):</b> | <b>1</b>          | <b>2</b>    | <b>3</b>          | <b>4</b>   | <b>5</b> |
| <b>Team Name:</b>  |                   |             |                   |            |          |
| <b>Did team play in 2022 Fall League?</b> <b>Yes</b> <b>No</b> <b>What Name?</b>                 |                   |             |                   |            |          |
| <b>Did team play in 2022-2023 Winter League?</b> <b>Yes</b> <b>No</b> <b>What Name?</b>          |                   |             |                   |            |          |
| <b>Manager/Skip:</b>   | <b>Cell Phone</b> |             | <b>Alt. Phone</b> |            |          |
| <b>E-mail Address:</b>   |                   |             |                   |            |          |
| <b>Mailing Address:</b>  |                   | <b>City</b> | <b>State</b>      | <b>Zip</b> |          |

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.

| Prior Curling Experience |    | 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)            |                |                |           |     |              |
| Yes                      | No | 7)            |                |                |           |     |              |
| Yes                      | No | 8)            |                |                |           |     |              |

|   |   |
|---|---|
| <b>\$275 Team Registration Fee (Receipt #):</b> | <b>RECEIVED BY (DPR Employee Initials):</b> |
|---|---|

**NOTES:**