

Adult Curling League Roster (WINTER: 2023-2024)



RECEIVED BY (DPR Employee initials):

Registration Deadline: Whichever occurs 1st
1st 16 Teams Registered or November 7

<u>\$275</u>	Team F	<u>ee</u>	(4 Player Min.)MUST BE P	AID IN	FULL v	vhen team reg	gistration	n is submitted to D	PR c	or it will n	ot be ac	cepte	ed!	
Circle proper level at which you feel your team would be competitive. (#1 is Top L							eague):	1	2	3	4	5		
Team Name:														
Did team play in 2023 Fall League?					No	What Name?								
Di	id team p	lay i	in 2022-2023 Winter League?	Yes	No	What Name?								
Mana	ger/Skip:						Cell Pho	Cell Phone			Alt. Phone			
E-mail	Address:													
Mailing	Address:						City			State	Zij	Zip		
I, and all m	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#)			SIGNATU	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)												

NOTES:

Yes

No

\$275 Team Registration Fee (Receipt #):