

Adult Curling League Roster (WINTER: 2024-2025)



Registration Deadline: Whichever occurs 1st
1st 16 Teams Registered or November 4

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

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Circle proper level at which you feel your team would be competitive. (#1 is Top Le							eague):	1	2	3 4	4 5	5	
Team Name:													
Did team play in 2024 Fall League? Yes No What Name?													
Did team play in 2023-2024 Winter League? Yes No What Name?													
Mana	ger/Skip:						Cell Pho	ne		Alt. Phone	P		
E-mail	Address:												
Mailing A	Address:						City			State	Zip		
, 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 #) SIGN			RE	AGE	T-SHIRT SIZE
Yes	No	1)											
Yes	No	2)											

Yes No 3) Yes No 4) No 5) Yes Yes No 6) 7) Yes No Yes No \$275 Team Registration Fee (Receipt #): **RECEIVED BY (DPR Employee initials):** NOTES: