



Schenectady Curling Club
7th Annual Carosella Invitational Bonspeil
“Best of Broadway”
November 6th – 8th 2009

Application Form

Team Name:	
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Position	Name	Curling Club	Email
Skip			
Vice			
Second			
Lead			

Team Member to Contact: (Check the box for the manner you wish to be contacted.)	
<input type="checkbox"/> Name:	
<input type="checkbox"/> Address:	
<input type="checkbox"/> Phone:	
<input type="checkbox"/> Email:	

Notes: (i.e. any special or dietary needs)

Please make checks payable to the **Schenectady Curling Club** and mail or email this form when complete to:

MJ Miller
 40 Pinewood Drive, Glenville, NY 12302
MJMiller717@nycap.rr.com Phone: 518-428-1941

Please have forms submitted no later than **October 23rd 2009**. Note: To save time after arriving at our club, please fill out the “Participant Release” forms and send them with your check. Each participant is required to fill out and sign this form.

