



24-HR Marathon Curling for Mental Health Fundraiser

Registration Form

Team Name: _____

Team Members: _____	Curling Experience	<input type="checkbox"/> A lot <input type="checkbox"/> Some <input type="checkbox"/> None
_____	Curling Experience	<input type="checkbox"/> A lot <input type="checkbox"/> Some <input type="checkbox"/> None
_____	Curling Experience	<input type="checkbox"/> A lot <input type="checkbox"/> Some <input type="checkbox"/> None
_____	Curling Experience	<input type="checkbox"/> A lot <input type="checkbox"/> Some <input type="checkbox"/> None
_____	Curling Experience	<input type="checkbox"/> A lot <input type="checkbox"/> Some <input type="checkbox"/> None

Team Captains Contact Info:

Name: _____

Address: _____

Phone number: _____

Preferred time slot: Friday 4 PM to 12 AM Saturday 12 AM to 8 AM Saturday 8 AM to 4 PM

For questions or concerns please contact:

Steve @ steven.burns@bulletproofsi.com or Chris @ synergyfredericton@gmail.com

By checking this box, I understand that our team will raise a minimum of \$ 1000 towards the CWC Cares Fundraiser and we PROMISE to have fun!