

WESTRIDGE CURLING CLUB TEAM REGISTRATION Info.-- SEASON 2020-2021

TEAM NAME:		LEAGUE NIGHT:
Position	Name (Please Print) email required for all players.	Phone # (MIN. 2 REQUIRED FOR CONTACT INFO)
SKIP		Hm
		wk
	email	cell
THIRD		Hm
		wk
	email	cell
SECOND		Hm
		wk
	email	cell
LEAD		Hm
		wk
	email	cell
5TH		Hm
		wk
	email	cell
6TH		Hm
		wk
	email	cell