

10th Annual Summer
JUNIOR CURLING CAMP
Cape Cod Curling Club - July 16-19, 2006
REGISTRATION FORM
Please print clearly

Name _____ Age _____ Male Female
(on 7-15-06) (circle one)

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail Address: _____

Number of Years Curled _____ Curling Club _____

Competitive Curling Experience including events, positions, and results _____

Junior Camps Attended _____

Teammate preference _____

Roommate preference _____

T-shirt size (adult) S M L XL (circle one)

Special Dietary Requirements _____

Enclose a check made out to **Junior Curling Camp** for \$230.00 (including T-shirt)

We need adults to serve as Chaperones, instructors and to help prepare meals. Please let me know how you would like to help and how to contact you.

Name _____ Email _____ Phone _____

I can help (how & days) _____

Note: - Please send a copy of the registration form to Jennifer Leichter.
- Each curler *must* register separately

Jennifer Leichter
17 Wayland Hills Rd
Wayland, MA 01778
Email: f.leichter@comcast.net
508-655-6783