



TEAM ENTRY FORM

WEDNESDAY APRIL 3, 2019

TEAM CONTACT'S NAME _____

PLAYER 2 _____

PLAYER 3 _____

PLAYER 4 _____

CONTACT'S PHONE _____

CONTACT'S EMAIL _____

ADDITIONAL PLAYERS (IF APPLICABLE) _____

PREFERRED GAME TIME: _____ 9:30AM _____ 10:45AM _____ 1:30PM

(Preferred Game Time not Guaranteed)

PLEASE REGISTER 30 MINUTES BEFORE YOUR GAME
DEADLINE FOR ENTRIES: **MARCH 25, 2019**

Liability Waiver

By our entry in this event, I/WE hereby agree to waive and to hold harmless the "Trenton Curling Club" (the "Club"), its officers, employees and volunteers from any claim whatsoever arising from personal injury and/or property damage as a result of use of the "Club" equipment and the premises, except claims arising from the negligence of the "Club", its officers, employees and volunteers.

It is also understood and agreed that the "Trenton Curling Club" will not be held responsible for property, personal or otherwise, left on the premises.

EMAIL: trentoncurling@hotmail.com, DROP OFF or SEND TO:

TRENTON CURLING CLUB
293 KING STREET
TRENTON, ON
K8V 3X4