

OAKWOOD CURLING CLUB

960 Eldon Road, Oakwood, ON K0M 2M0

705-953-9411 www.oakwoodcurlingclub.com



BONSPIEL REGISTRATION FORM

Bonspiel Name and Date _____

Cost of Bonspiel _____ Cheques should be made payable to Oakwood Curling Club

Draw Time Preferred _____

Contact Name _____

Address _____

City _____ Postal Code _____

Phone _____ (home) _____ (cell)

Email _____

Team Name _____ (i.e. The Smith Team from Toronto)

Team Members

1. _____

2. _____

3. _____

4. _____

Please mail this form and cheque to the address above. If you have further questions contact the name on the bonspiel poster. We look forward to seeing you at the Oakwood Curling Club.

