



# BC DEAF CURLING PLAYDOWN ENTRY FORM

DATE OF EVENT: January 10 to 12, 2014

Men ( )

Women ( )



Team Name: \_\_\_\_\_

### Contact Information:

Full Name:	
Full Address:	
Email, TTY or VP	

RANK **	FULL NAME **	BIRTHDATE (mm/dd/yy)	SIGNATURE	
SKIP				
THIRD				
SECOND				
LEAD				
SPARE				
COACH				

\*\* All participants are required to be active member of BC Deaf Sports Federation.

Upon acceptance of entry, listed players understand that they are agreeing to abide by the official rules and code of conduct of the local club and BCDSF. It is the player's responsible to be active member of BCDSF before the event.

This entry will not be registered until the entry fee has been received by the office before the event and all participants are active member of BCDSF for the year 2014. No refund after the draw is made.

**BC Deaf Sports Federation**  
**#4 – 320 Columbia Street**  
**New Westminster, BC V3L 1A6**

Amount Received: \$200.00 \_\_\_\_\_

Date: \_\_\_\_\_