



BC DEAF CURLING PLAYDOWN ENTRY FORM



DATE OF EVENT: March 9 & 23, 2019

Team Name: _____ Men () Women ()

Contact Information:

Full Name:	
Full Address:	
Email or Text	

Deadline to submit: February 15, 2019 before 7:00pm

RANK **	PRINT FULL NAME **	Member of BCDSF	SIGNATURE	
SKIP				
THIRD				
SECOND				
LEAD				
SPARE				
COACH				

**** All participants are required to be active members 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 responsibility to be an 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 deadline and all participants are active members of BCDSF for the year 2019. Non-refundable.

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

Amount Received: \$200.00 _____
 Cash/Cheque/E-transfer
Date: _____