

Chedabucto Curling Club Community Activity Society (CAS)

6 Reddy's Hill Road, PO Box 107, Boylston, NS B0H 1G0

(phone: 902-533-3328) www.chedabuctocc.ca

(White binder with confidential emergency response information / registration sheets stored in kitchen on the fridge)

Emergency Response Information /Adult's Registration 2019 – 2020

Name: _____

Civic address: _____

Mailing address (if different from civic): _____

Date of Birth: (day) _____ (month) _____ (year) _____ (**Must have for NS Curling Assoc. reporting**)

Email address: _____ Phone #: _____

Contact in case of emergency: Name _____ Phone #: _____

Special medical information (that you volunteer to indicate): _____

REGISTRATION: (Please check one or more) (Single Dues cover both days and nights)

_____ Day League (Mon & Wed)	\$270.00	First Time Curler at CCC \$1/2
_____ Night League (Tues or Thurs)	\$270.00	First Time Curler at CCC \$1/2
_____ Family (2 adults + child(ren))	\$515.00	First Time Curlers at CCC \$1/2
_____ Social Member	\$35.00	
_____ Spare	\$10.00 per	with credit towards full membership this season

Payment: (Full or partial must be made before 1st game played. Post-dated cheque or cash by Jan. 31/20):

_____ Full Payment _____ Cheque _____ Cash

_____ 2 Payments if preferred --- but **\$1/2 at registration. Balance must be paid by January 31, 2020.**

VOLUNTEER COMMITMENT (Committee membership is not required but will be appreciated.)

Please circle your choice(s) for participation.

Bar	Kitchen	Social	Juniors	House Keeping	Ground's Maintenance
Advertisement (Sponsor Signs)			Ice Maintenance	Ways and Means	Bonspiels/Draws

I hereby apply to become a member of CAS and also give permission for my address, email, phone number or photo to be used when necessary regarding schedules, bonspiels and all other occasions relating to CAS' operations.

Signature: _____ Date: _____