

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

Emergency Response Information /Adult's Registration 2020 – 2021

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

Name: _____

Civic address: _____

Mailing address if different from Civic: _____

Date of Birth: (day) ____ (month) ____ (year) ____ (Must have for NS Curling Association Reporting)

Email address: _____

Phone #: _____

Emergency Contact: 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) **\$285.00** First Time Curler at CCC \$1/2 \$142.50

_____ **Night League** (Tues or Thurs) **\$285.00** First Time Curler at CCC \$1/2 \$142.50

_____ **Family** (2 adults PLUS child (ren) **\$570.00** 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. 31/21)

_____ Full Payment _____ Cheque _____ Cash

_____ 2 Payments if preferred but ½ payment **at registration. Balance must be paid by January 31, 2021.**

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** _____