

2018 DCC Ladies International Registration Form

Contact Information

Name: _____ Phone: _____

Address: _____

City: _____ State/Prov.: _____ Zip/Postal Code: _____

Team Roster (Please have at least 3 team members to reserve your teams spot)

Club: _____

Skip: _____ Email: _____

Vice: _____ Email: _____

Second: _____ Email: _____

Lead: _____ Email: _____

Preferred First Draw For Saturday, February 10th, 2018

(We will do our best to accommodate your first choice)

Circle one: 8:30am 11:00am

Dietary Restrictions (Please Only True Allergies & Vegetarian/Vegans)

Please return this form with a check payable to the **Detroit Curling Club** for \$320 US funds by Feb 2, 2018 to:

Pam Buchkowski/DCC Ladies One Day
27953 Walker Ave.
Warren, MI 48092
810.919.4014
psabara@wowway.com