



2015 Region Entry Form/Member Facility Verification

Region _____ Playdown _____ Location: _____

Dates (DDMMYY): _____ Discipline: _____

Club Representing: _____

TEAM INFORMATION

Team Name: _____

Skip: _____

Vice: _____

Second: _____

Lead: _____

TEAM CONTACT INFORMATION

Primary Contact	Alternate Contact
Name: _____	Name: _____
Phone: _____	Phone: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____

MEMBER FACILITY VERIFICATION

I certify that all members of the team listed above and representing the club named above are members in good standing of the Northern Ontario Curling Association.

Signature: _____

Date: _____

Name: _____

Title: _____

Please print, sign and return this form to the NOCA office one week prior to the start of the first competition.



Fax: 1-888-622-8884

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Northern Ontario Curling Association
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