



Northern Ontario Curling Association Member Facility Verification

I _____, representing this member facility of the Northern Ontario Curling Association, hereby confirm that the athletes mentioned below are representing our member facility in this year's _____ playdowns.

Signature: _____ Date: _____

Name: _____ Title: _____ Club: _____

TEAM INFORMATION

Team Name: _____

Skip: _____

Vice: _____

Second: _____

Lead: _____

Fifth (if applicable): _____

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

Email: lesliekerr@curlno.ca

Northern Ontario Curling Association
P.O. Box 940, 214 Main St. W, Unit 4
Atikokan, ON P0T 1C0