



tryCURLINGnow.ca CLUB PARTICIPATION FORM

CLUB NAME:

SHIPPING

ADDRESS:

ON

KEY CONTACT:

** This is the person responsible
for delivery of the program and
will be the first contact.

EMAIL:

TEL:

CELL:

EVENT HOST DATES:

EVENT # 1

Date:

Name:

Brief Description:

EVENT # 2

(if applicable)

Date:

Name:

Brief Description:

LEARN TO CURL OPTIONS

(List all with description)

1

2

3

All information will be shown on your club information page within the
tryCURLINGnow.ca site. You will receive a notification to approve page before final
release to the general public.