

Thistle Curling Club Registration Form

6920 114 AVE NW
Edmonton AB T5B 0J6
Email: thistlecc@shaw.ab.ca

Phone: (780) 477-8142

League: _____	Team Name _____	Office Use ↓
Name: _____	Phone: _____ <input type="checkbox"/> Personal <input type="checkbox"/> Work	Fee: _____ 2nd disc _____
Email: <input type="checkbox"/> I agree to receive electronic communication from TCC	Position: <input type="checkbox"/> Skip <input type="checkbox"/> Third <input type="checkbox"/> Second <input type="checkbox"/> Lead	Locker: _____ Share _____
Address (include postal code): _____		Total: _____
Shareholder: <input type="checkbox"/> Yes <input type="checkbox"/> No	Curled Last Year: <input type="checkbox"/> Yes <input type="checkbox"/> No	Roster: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____	Phone: _____ <input type="checkbox"/> Personal <input type="checkbox"/> Work	Fee: _____ 2nd disc _____
Email: <input type="checkbox"/> I agree to receive electronic communication from TCC	Position: <input type="checkbox"/> Skip <input type="checkbox"/> Third <input type="checkbox"/> Second <input type="checkbox"/> Lead	Locker: _____ Share _____
Address (include postal code): _____		Total: _____
Shareholder: <input type="checkbox"/> Yes <input type="checkbox"/> No	Curled Last Year: <input type="checkbox"/> Yes <input type="checkbox"/> No	Roster: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____	Phone: _____ <input type="checkbox"/> Personal <input type="checkbox"/> Work	Fee: _____ 2nd disc _____
Email: <input type="checkbox"/> I agree to receive electronic communication from TCC	Position: <input type="checkbox"/> Skip <input type="checkbox"/> Third <input type="checkbox"/> Second <input type="checkbox"/> Lead	Locker: _____ Share _____
Address (include postal code): _____		Total: _____
Shareholder: <input type="checkbox"/> Yes <input type="checkbox"/> No	Curled Last Year: <input type="checkbox"/> Yes <input type="checkbox"/> No	Roster: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____	Phone: _____ <input type="checkbox"/> Personal <input type="checkbox"/> Work	Fee: _____ 2nd disc _____
Email: <input type="checkbox"/> I agree to receive electronic communication from TCC	Position: <input type="checkbox"/> Skip <input type="checkbox"/> Third <input type="checkbox"/> Second <input type="checkbox"/> Lead	Locker: _____ Share _____
Address (include postal code): _____		Total: _____
Shareholder: <input type="checkbox"/> Yes <input type="checkbox"/> No	Curled Last Year: <input type="checkbox"/> Yes <input type="checkbox"/> No	Roster: <input type="checkbox"/> Yes <input type="checkbox"/> No
Fifth Name: _____	Phone: _____ <input type="checkbox"/> Personal <input type="checkbox"/> Work	
Sixth Name: _____	Phone: _____ <input type="checkbox"/> Personal <input type="checkbox"/> Work	

Privacy Policy:

- The privacy of your information is important to us. The information collected by the Thistle Curling Club is used for club business only. Your information is never disclosed or sold without permission. Uses of information include activities such as notification of draw times and mailings.. If you do NOT want this information included in the roster please mark the roster option as NO.