

PRIORITY Pre-Registration Form 2017/18

TEAMS OF CHOICE

[Please complete ONE FORM FOR EACH LEAGUE requested.]

League Requested (Choose **ONE** only.)

- Monday Night Open
 Wednesday Night Open
 Saturday Morning Open
 Thursday Morning Ladies
 Wednesday Night Ladies
 Friday Morning Open
 Tuesday Night Men's
 Thursday Night Men's
 Friday Night Mixed

Team Information:

Position:	Name:	Phone:	Registered in this league 2016-17 (Y/N)	Voting Member (Y/N)	Score (1-4)
Skip					
Third					
Second					
Lead					
5 th					

Team Total:

Deadline:
August 1st with \$100 deposit

Preferred Team Name: _____

Email address for team contact: _____

To be completed by Office:

Comments

Date application received		
Date deposit received		
Amount of payment received	\$100.00	
Form of payment (Cash/Cheque/CC/Post-dated)		