

PRIORITY Pre-Registration Form 2017/18
INDIVIDUALS

Individual Information:

Name: _____

Phone: _____

Email address: _____

Deadline:
August 1st (No deposit required).

League(s) Requested (Mark **ANY** that apply with a check mark.)

- | | | |
|---|--|---|
| <input type="checkbox"/> Monday Night Open | <input type="checkbox"/> Wednesday Night Open | <input type="checkbox"/> Friday Morning Open |
| <input type="checkbox"/> Tuesday Morning Ladies | <input type="checkbox"/> Thursday Morning Ladies | <input type="checkbox"/> Wednesday Night Ladies |
| <input type="checkbox"/> Tuesday Night Men's | <input type="checkbox"/> Thursday Night Men's | <input type="checkbox"/> Friday Night Mixed |
| <input type="checkbox"/> Senators (Monday & Wednesday mornings) | <input type="checkbox"/> Saturday Morning Open | |

Leagues played in during the past curling season? Mark an 'X' beside the leagues that apply above.

League & Position preferences: (Please complete as accurately as possible.)

| League (In preference order) | Position Preferred (1 st /2 nd choice): | Registered in this league 2016-17 (Y/N) | Voting Member (Y/N) | Score (1-4) |
|---------------------------------|--|---|---------------------------|-------------|
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To be completed by Office:

Comments

| | | |
|---------------------------|--|--|
| Date application received | | |
| League assigned to: | | |
| Team assigned to: | | |

Individual Score

*

* Refer to preference scoring in 'League Rules' of Roster (or to the PRIORITY Pre-Registration Policy).