

Lakefield Curling Club
2011-2012 Season
Box 186 Lakefield ON K0L 2H0
www.lakefieldcurlingclub.ca

| | |
|---------------------------|------------------------------|
| Name: _____ | |
| Address: _____ | Membership # _____ |
| City: _____ | Locker # _____ |
| Postal Code: _____ | Birth Date: _____ |
| Telephone: _____ | Sex F M |
| E-mail: _____ | |

NOTE: Curling dues include OCA fees and HST at 13%

| | <i>Club Rate (mem #)</i> | | | | <i>Associate Rate (no mem #)</i> | | | |
|--|--------------------------|----------------|----------------------|----------------|----------------------------------|----------------|----------------------|----------------|
| | <i>Dues</i> | <i>HST 13%</i> | <i>Total</i> | <i>Payable</i> | <i>Dues</i> | <i>HST 13%</i> | <i>Total</i> | <i>Payable</i> |
| Adult 1 game/week | \$278.76 | \$36.24 | \$315.00 | _____ | \$318.58 | \$41.42 | \$360.00 | _____ |
| Adult Unlimited | \$336.28 | \$43.72 | \$380.00 | _____ | \$380.53 | \$49.47 | \$430.00 | _____ |
| Mixed Couple (once/week Wed, Thurs or Fri) * Each person must have a membership to be eligible for the club rate | \$482.30 | \$62.70 | \$545.00 | * _____ | \$570.80 | \$74.20 | \$645.00 | _____ |
| New Curler Only League (8 week instructional) | | | | | \$101.77 | \$13.23 | \$115.00 | _____ |
| Full Time Student Discount (off Adult rates) SSFC _____ Trent _____ | -\$57.52 | -\$7.48 | -\$65.00 | _____ | -\$70.80 | -\$9.20 | -\$80.00 | _____ |
| Membership Certificate* | \$141.59 | \$18.41 | \$160.00 | _____ | | | | _____ |
| Junior Sunday Afternoons (12-18) | | | | | \$75.22 | \$9.78 | \$85.00 | _____ |
| Junior Sunday Afternoon Family Rate | | | | | \$150.44 | \$19.56 | \$170.00 | _____ |
| Junior Evenings 1 game/week | | | | | \$106.19 | \$13.81 | \$120.00 | _____ |
| Locker (share with _____) | \$23.01 | \$2.99 | \$26.00 | _____ | \$23.01 | \$2.99 | \$26.00 | _____ |
| | | | Total Payable | _____ | | | Total Payable | _____ |

Indicate the Division(s) you wish to curl in:

_____ New Curler Only League Sunday Afternoon
 _____ Juniors Sunday Afternoon (Parent/Guardian Name: _____)
 _____ Sr. Men Once/week: Monday A.M. _____ or Friday A.M. _____
 _____ Sr. Men Both (Monday A.M. and Friday A.M.)
 _____ Sr. Team Entry Tuesday Afternoon: Need Team _____ or Skip's Name _____
 _____ Men Wednesday Night
 _____ Team Entry Monday/Tuesday Night: Need Team _____ or Skip's Name _____
 _____ Daytime Ladies: Circle : Monday Afternoon /Tuesday Morning /Thursday Morning /Thursday Afternoon
 _____ Mixed Wednesday Morning
 _____ Mixed Evening: Thursday _____ Friday _____
 Do you wish to curl with your spouse on the same team? Yes _____ No _____ If needed _____

Positions on a team are secured when payment is made not upon receipt of registration form.

Paid by: **Cheque** _____ **Cash** _____

Please make cheques payable to "Lakefield Curling Club"
 (If mailing payment please send to Susan Sayer at 652 Steinkrauss Drive, Bridgenorth, ON, K0L 1H0)

All dues are payable by Oct 9, 2011. Any refund of dues is at the discretion of the Board of Directors.

Please Note: A Doctor's Medical Certificate may be required.