



**ACADEMY OF CURLING  
GLENMORE CURLING CLUB  
OCTOBER 16th -18th, 2015**



**REGISTRATION FORM**

Full name : \_\_\_\_\_

Address : \_\_\_\_\_

City : \_\_\_\_\_, Prov. \_\_\_\_\_, Code \_\_\_\_\_

Curling Club: \_\_\_\_\_

E-mail : \_\_\_\_\_

Phone # : Home : \_\_\_\_\_

Cell. : \_\_\_\_\_

In which clinic(s) do you want to participate?

	Hours	Cost
<input type="checkbox"/> <b>FRIDAY</b>	6 pm-8:30 pm	50,00 \$
<input type="checkbox"/> <b>SATURDAY</b>	9 am- 5 pm	175,00 \$
<input type="checkbox"/> <b>SUNDAY</b>	9 am - 5 pm	175,00 \$

Do you want to come to the banquet?

	Hours	Cost
<input type="checkbox"/> <b>Saturday</b>	starting at 6 pm	30,00 \$

**\* Please note that places are limited. Get a 10% discount if you register and make a 50\$ deposit before April 30th.**

**Payment by cheque only:**

**Glenmore Curling Club**  
120 Glenmore Rd  
Dollard des Ormeaux, Qc H9B 2X9

**For further information contact:**

[curlingacademyatglenmore@gmail.com](mailto:curlingacademyatglenmore@gmail.com)

**Julie Hamel, 514-893-5972**

**Greg Sleno, 514-771-7771**

Clinic :	\$ _____	**
Banquet:	\$ _____	
Total:	\$ _____	

**\*\* For registration of more than one person, please provide the names and multiply the cost accordingly.**