

Men's League Sign-up

Name: _____ Phone: _____ e-mail: _____

<u>Type</u>	<u>Time</u>	<u>Will Curl</u>	<u>Will Sub</u>
Men's	Monday evening	<input type="checkbox"/>	<input type="checkbox"/>
Men's	Wednesday evening	<input type="checkbox"/>	<input type="checkbox"/>
Mixed	Thursday morning	<input type="checkbox"/>	<input type="checkbox"/>
Mixed	Thursday evening	<input type="checkbox"/>	<input type="checkbox"/>
Mixed	Sunday evening	<input type="checkbox"/>	<input type="checkbox"/>
Open	Friday evening – individual signup	<input type="checkbox"/>	<input type="checkbox"/>
Open	Friday evening – team signup	<input type="checkbox"/>	
	Skip: _____		
	Vice: _____		
	2 nd : _____		
	Lead: _____		

Return this form by October 1, along with your membership registration form and check to:
Johanna Kawola, 35 Emerick Lane, Loudonville, NY 12211