



TEAM INFORMATION



Coaches:

Please complete this form and immediately send the form electronically to the individual listed on the website (www.gorecurling.com) as soon as possible. Thank you.

School Boys

School Girls

SCHOOL: _____

CITY/TOWN: _____

SKIP: _____ PHONE NO: _____

VICE: _____ PHONE NO: _____

SECOND: _____ PHONE NO: _____

LEAD: _____ PHONE NO: _____

COACH: _____ PHONE NO: _____

EMAIL ADDRESS: _____
(coach)

Please list any allergies by any team member that we should be aware of in matching host families and for our kitchen staff. More details should be included on the **Participant Medical Information Sheet** to be brought with you.

ALLERGIES (please indicate team member's name)

Food: _____

Environment: _____

Drugs: _____

Animals: _____

_____ **PLEASE CHECK** the schedule on the website to determine the time of your first game.

Estimated Arrival Times

Arrival: Wednesday Evening - Approx. Time: _____

Thursday (a.m. or p.m.) – Approx. Time: _____