



Registration Form

Vern Turner Memorial Bonspiel



Detroit Lakes Curling Club Box 5 Highway 59 North
 Detroit Lakes, MN 56502 (218) 847-8186

Email: [Ron Windloss](mailto:Ron.Windloss@lakescurling.com) - or - website: <http://www.lakescurling.com/>

General Information
First Name: _____ Last Name: _____ Street: _____ City: _____ State: _____ Zip: _____ Phone Number: _____ Email: _____

Curling Information
Draw: First Choice - <input type="checkbox"/> 4pm <input type="checkbox"/> 6pm <input type="checkbox"/> 8pm <input type="checkbox"/> 10pm <input type="checkbox"/> midnight Second Choice - <input type="checkbox"/> 4pm <input type="checkbox"/> 6pm <input type="checkbox"/> 8pm <input type="checkbox"/> 10pm <input type="checkbox"/> midnight Club Name: _____ Skip: _____ Vice: _____ Second: _____ Lead: _____

Payment Information
Check: <input type="checkbox"/> (Mail payment and form) make checks payable to “ Lakes Curling Club ”.