

BUFFALO CURLING CLUB 2+ LEAGUE REGISTRATION (2020-21)



Name:	AGE:
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MEMBER ADDING 2 ND LEAGUE FULL Season		
Individual Evening	\$300 (or 3 payments: \$105, \$105, \$105)	X <i>Select Leagues Below</i>
<i>New! Individual Daytime</i>	<i>\$200 (or 3 payments of \$72, \$72, \$72)</i>	Mon / Thu / Sat / Sun @ 10am
MEMBER ADDING 2 ND LEAGUE HALF Season		
Individual Evening	\$175 (or 2 payments: \$92.50, \$92.50)	1 st / 2 nd / Bi-Monthly Fri
<i>New! Individual Daytime</i>	<i>\$125 (or 2 payments: \$67.50, \$67.50)</i>	1 st / 2 nd Mo / Th / Sa / Su

LEAGUE OPTIONS (Please order preference using 1-10; only leave a line blank if a day/time is NOT possible):

Mon @ 6pm ____, Mon @ 8:15pm (Comp) ____, Tues @ 6pm ____, Tues @ 8:15pm ____, Wed @ 6pm ____,
 Wed @ 8:15pm ____, Thurs @ 6pm (Nov) ____, Thurs @ 8:15pm ____, Fri @ 6pm (1st & 3rd) ____, Fri MIXED @
 6pm (2nd & 4th) ____, Friday DBLS @ 8:15pm (2nd & 4th) ____, Sun @ 6pm (Nov) ____, Sun DBLS @ 8:15pm ____.

TEAM NAME (if applicable): _____

INDIVIDUALS (if applicable, please indicate any other individuals or a team you would like to play with):

MEMBER ADDING 3 RD LEAGUE FULL Season		
Individual Evening	\$300 (or 3 payments: \$105, \$105, \$105)	X <i>Select Leagues Below</i>
<i>New! Individual Daytime</i>	<i>\$200 (or 3 payments of \$72, \$72, \$72)</i>	Mon / Thu / Sat / Sun @ 10am
MEMBER ADDING 3 RD LEAGUE HALF Season		
Individual Evening	\$175 (or 2 payments: \$92.50, \$92.50)	1 st / 2 nd / Bi-Monthly Fri
<i>New! Individual Daytime</i>	<i>\$125 (or 2 payments: \$67.50, \$67.50)</i>	1 st / 2 nd Mo / Th / Sa / Su

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 6pm (2nd & 4th) ____, Friday DBLS @ 8:15pm (2nd & 4th) ____, Sun @ 6pm (Nov) ____, Sun DBLS @ 8:15pm ____.

TEAM NAME (if applicable): _____

INDIVIDUALS (if applicable, please indicate any other individuals or a team you would like to play with):

Please fill out above form, make checks payable to "Buffalo Curling Club.org Inc" and mail to:

Buffalo Curling Club, 231 Parkhaven Drive, Amherst, NY 14228

Refund Policy can be found here: <https://buffalocurlingclub.org/main/index.php/curling/league-fees>

Payment Information - Office Use Only

Rev 9/15/20

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|----------------|------------|----------------|--------------|----------------------|----------------|
| 1. Date: _____ | Amt: _____ | CHECK #: _____ | CC/PP: _____ | CASH/RECEIPT#: _____ | IH/BCBS: _____ |
| 2. Date: _____ | Amt: _____ | CHECK #: _____ | CC/PP: _____ | CASH/RECEIPT#: _____ | IH/BCBS: _____ |
| 3. Date: _____ | Amt: _____ | CHECK #: _____ | CC/PP: _____ | CASH/RECEIPT#: _____ | IH/BCBS: _____ |