

**PEICA**  
**Skills Development & High Performance**  
**Curling Camp**  
**27 Jan, 2013**  
**Silver Fox Curling Club**

**Individual Entry:** Name: \_\_\_\_\_ Age \_\_\_\_ Date of Birth: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Tel #: \_\_\_\_\_  
Email: \_\_\_\_\_  
Home Club: \_\_\_\_\_  
Curling Experience: \_\_\_\_\_  
Attended a previous curling camp(s): Yes; \_\_\_\_ No: \_\_\_\_ If yes please indicate where and when: \_\_\_\_\_

**Team Entry**

**Team Contact Name:** \_\_\_\_\_ **Phone #** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Team Members:**

Skip:	_____	Age: _____	Date of Birth: _____
3 <sup>rd</sup> :	_____	Age: _____	Date of Birth: _____
2 <sup>nd</sup> :	_____	Age: _____	Date of Birth: _____
Lead:	_____	Age: _____	Date of Birth: _____

**Team Performance 2011-12 Season (if majority of team had been together last year)**  
**Provincials:**

\_\_\_\_\_  
\_\_\_\_\_  
**Other Events:**

\_\_\_\_\_  
\_\_\_\_\_  
**Please give a short outline of some of your Team's schedule/ season plan for the 20012-13 (include bonspiels, play downs, general practice schedule, etc.):**

\_\_\_\_\_  
\_\_\_\_\_  
**Has your team or some of your team members attended other camps/special training etc. over the past 2 years, if yes please indicate which camp(s) they attended and when:**

\_\_\_\_\_  
\_\_\_\_\_  
**Please feel free to use back of form for any additional information you may wish to add**  
**DEADLINE FOR APPLICATION: Mon 21 Jan, 2013**

**Mail camp registration & cheque to:** Gayle Johnston  
46 Kirkdale Rd, Box 3 Site 10  
Charlottetown, PEI C1E 1N6

Office Use Only

☐ Payment Received: