



**PEICA**  
**Skills Development/High Performance**  
**Junior Curling Camp**  
**Saturday 23 Mar. 2013**  
**Crapaud Curling Club**

**Registration Form**

**Team:** \_\_\_\_\_ **or Individual** \_\_\_\_\_ **Age:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Contact Name: Coach or Parent:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Team Members: (Please include age)**

|                |             |             |
|----------------|-------------|-------------|
| <b>Skip:</b>   | <b>Age:</b> | <b>DOB:</b> |
| _____          | _____       | _____       |
| <b>Third:</b>  | <b>Age:</b> | <b>DOB:</b> |
| _____          | _____       | _____       |
| <b>Second:</b> | <b>Age:</b> | <b>DOB:</b> |
| _____          | _____       | _____       |
| <b>Lead:</b>   | <b>Age:</b> | <b>DOB:</b> |
| _____          | _____       | _____       |

**Please Note: This section is for teams who have played together for 1 or more years:**

**Team Performance 20011-12 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 Funspiels, Provincials, general practice schedule, etc.):**

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**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:**

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**DEADLINE FOR APPLICATION: Mon 18 Mar. Cheques payable to PEI Curling Assoc**

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

Office Use Only

☐ **Payment Received:** \_\_\_\_\_

**Comments:** \_\_\_\_\_