



Fall City Wide Registration
September 7, 2017
5:00 - 7:30pm
Curling Rink - UNIPLEX

REGISTRATION FORM

| Organization Information | | |
|--|--------------|-------------|
| Name of Organization: | | |
| Primary Contact: | | |
| Email: | | |
| Box #: | Postal Code: | Town/City: |
| Home Phone: | | Cell Phone: |
| Secondary Contact: | | |
| Email: | | |
| Home Phone: | | Cell Phone: |
| Website: | | |
| Number of Tables Requested (each table is \$20) | | |
| Would you be interested in doing a demonstration, if so what type of space would be required? | | |
| Please sign below if you are willing to have your information presented in a program for City Wide Registration: | | |

****Organization can begin set-up at 4:00pm on the night of registration****