

REGISTRATION FORM
4th WCF ADULT CURLING CAMP 2010

Note: *Every Adult (over 21) Camper must fill out an individual registration form. The working language of the Camp is English, so **a basic knowledge of English is required.** Participants **must** have curled a minimum of 1 year.*

First Name: _____

Last Name: _____

City and Country: _____

Male: _____ Female: _____ Polo Shirt Size: _____ (S, M, L, XL, XXL)

Telephone: _____ Fax: _____

E-mail: _____

Attended WCF Adult Camp in 2007, 2008 or 2009: Yes: _____ No: _____

Experience: Novice curler: _____ one or two years of curling

Intermediate: _____ three or more years of curling

Advanced: _____ competition/elite level, curled many years

Detailed curling experience: _____

If possible, please place me in the same group as: _____

Please return to:

WORLD CURLING FEDERATION, SECRETARIAT
74 TAY STREET, PERTH PH2 8NG, SCOTLAND
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