



MEN'S CASH SPIEL

SEPTEMBER 19-21, 2014

Skip _____

Third _____

Second _____

Lead _____

Team contact (please fill in all information)

Name: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Home: _____ Work/Cell: _____

E-Mail: _____

Deposit by:

_____ Cheque (CCC, 6150-176th St. Surrey, BC, V3S 4E7)

_____ Credit Card Visa/Mastercard # _____ Expiry: _____

Deposits are due in order to guarantee a spot in the Spiel.