



Ladies Presented by:

Men Presented by:



7th Annual DEKALB SuperSpiel
November 20-24, 2014
Morris, Manitoba Canada,
OFFICIAL REGISTRATION/ENTRY FORM

1. TEAM INFORMATION

Print or type all information. Do not abbreviate and be as complete as possible.

Skip: _____

City: _____

Third: _____

City: _____

Second: _____

City: _____

Lead: _____

City: _____

Club: _____

City: _____

Team Contact Person: _____
Phone Number: _____
Cell: _____
Fax: _____
Email: _____

COMMUNICATION BY EMAIL IS PREFERABLE

2. ENTRY FEE

The entry fee is \$1,000.00 Canadian per men's team and \$800 per women's team. First 16) men's 32 women's teams accepted. Your team is not entered until we receive your cheque dated September 15th, 2014. Email Brian Recksiedler (bbrex@mymts.net) or Lorne or Chris Hamblin (chamblin@mymts.net) once you have mailed your cheque so we can watch for it in the mail. **Please mail entry fee cheque payable to the Morris Curling Club MCT c/o Brian Recksiedler Box 674 Morris, Manitoba ROG IKO.**

3. TRAVEL

If your team makes arrangements to travel by air, volunteers will pick you up at the Winnipeg airport (Morris is one hour from airport) and return your team to the Winnipeg airport unless you make other arrangements. Please provide us with your flight information. You will be contacted in advance to confirm your exact time of arrival.

HOTEL ACCOMMODATIONS- Morris Stampede Inn- the official hotel of the Morris Curling Club

We have a block of rooms reserved for the DEKALB SuperSpiel at the Morris Stampede Inn. Please call the Hotel at 204-746-6879 or email the Hotel Manager at morrisstampedeinn@mts.net. Standard rooms have 2 queen beds and includes continental breakfast for 2 people. . Upgrade rooms are available. Not all rooms are non-smoking. If you require assistance in booking your rooms, please contact Scott Dekezel ddekezel@hotmail.com and we will assist you. **This block is being held until November 6, 2014 only.**

4. MEDICAL

Is there any specific medical information about team members of which the organizing committee should be aware?

_____ YES _____ NO

If yes, please give details: _____

5. WAIVER

I hereby agree on behalf of myself and my team members, to the following:

(1) We release the sponsor Monsanto and any other persons participating in or assisting in the DEKALB SuperSpiel from liability for any injuries, losses or damages which any of us may suffer in connection with the event, however they may occur.

(2) We agree to photography, videotaping, filming, sound recording and/or broadcasting of our participation in the DEKALB SuperSpiel which may be used without remuneration for promotional purposes by the DEKALB SuperSpiel.

NAME (PLEASE PRINT): _____

SKIP SIGNATURE: _____ DATE: _____

DEKALB SuperSpiel
Team Background Information

Please fill in this team background information form and return it to us along with your official registration form for the DEKALB SuperSpiel. PRINT OR TYPE all information. Do not abbreviate and be as complete as possible. Please provide complete names (given and family) for all team members.

Please highlight the curling achievements of your team and your individual team members. **This information is for our event program, we would appreciate your help in making sure the information is complete and accurate.**

TEAM NAME: _____

SKIP (full name): _____

THIRD (full name): _____

SECOND (full name): _____

LEAD (full name): _____

CLUB: _____ **LOCATION:** _____