

CANADIAN WOMEN'S FRIENDSHIP TOUR OF SCOTLAND NOVEMBER, 2020 APPLICATION FORM

SECTION 1:

FULL NAME (as shown on	
Passport)	
, ,	,
MAILING ADDRESS	
TELEPHONE:	Home:
	Cell:
EMAIL ADDRESS	
	,
OCCUPATION:	
NAME OF THE CLUB YOU	
ARE AFFILIATED WITH:	
	OUDLING DECLINÉ
Curling Canada) and /o	CURLING RESUMÉ th the sport of curling through your curling club (<i>must be a club affiliated with</i> r Provincial/Territorial Curling Association. Where possible, indicate any may have been involved with that helped with the growth of curling.
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OTHER SPORTS, HOBBIES OR COMMUNITY INTERESTS		
I understand that the cost of this 3-week tour is approximately \$6,000. Should I be selected as one of the members, I am willing to forward a 50% advance deposit toward the cost of the Tour by a date yet to be determined.		
Signature:		
Date:		
DEADLINE FOR SUBMISSION OF APPLICATION TO THE PROVINCIAL/TERRITORIAL MEMBER		
ASSOCIATION IS SEPT. 15, 2019		



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SECTION 2:

TO BE COMPLETED BY THE MEMBER ASSOCIATION

NAME OF APPLICANT	
APPLICATION SUBMITTED BY:	(Provincial/Territorial Member Association)
TOTAL NUMBER OF APPLICATIONS SUBMITTED BY THIS MEMBER ASSOCIATION	
RANKING OF THIS APPLICATION (i.e. 1 of; 2 of etc.).	
SIGNATURE OF MEMBER ASSOCIATION REPRESENTATIVE:	

SUBMIT SECTION 1: APPLICATION FORM AND SECTION 2: MEMBER ASSOCIATION'S RANKING OF APPLICATION TO:

CURLING CANADA - C/O Karen Ryan, Executive Assistant

Email: kryan@curling.ca Fax: (613) 834-0716

DEADLINE FOR SUBMISSION OF RANKED APPLICATIONS TO CURLING CANADA IS OCTOBER 1, 2019