

EVENT MEMBERSHIP REGISTRATION

Please have each team member fill out and email back to:
operations@mayfieldcurling.com prior to your event.

Date: _____

Name: _____

Address: _____

Check if Registered in the past _____

Date of Birth: _____

Cell Phone No. _____

Email Address: _____

Please see registration upon arrival and prior to departure to swipe credit card for any charges incurred during your event.

By signing this member registration, you agree to adhere to the rules and regulations set forth by Northeast Ohio Curling Club dba Mayfield Curling Club. This includes but is not limited to the information set forth in the Member Handbook and the Covid Policy. Copies are available for review at www.mayfieldcurling.com.

(Can be signed at Mayfield upon Check in)

X _____

Proposed Event Member Signature

Approved By:

X _____

For Administration Only

Member Number: _____

Credit Card Swiped Arrival:

Date: _____

Swiped By: _____

Billed at Departure:

Yes: _____ No: _____

Billed By: _____ Date _____