



# Coyotes Curling Club

## 7th Annual Desert Ice Open Bonspiel

### Entry Form



Please Print or Type

#### Contact Information

Contact Person			
Address			
City		State	Zip
Home Phone		Mobile Phone	
E-Mail			

Please provide a mobile phone number that will be with you while at the bonspiel in case we need to contact you.

Team Name	
Home Club	

#### Rink Lineup

Position	Name
Skip	
Vice	
Second	
Lead	

The bonspiel will begin Friday morning. We can accommodate a few teams with later start times  
 Do you require a later start time? Yes \_\_\_\_ No \_\_\_\_

#### Payment Method Check or Credit Card

Amount	\$350.00us		
Check	Payable to Coyotes Curling Club	Credit Card	VS / MC / AX / DS
Mailing Address	Coyotes Curling Club	Name:	_____
	c/o Alltel Ice Den	Card No.:	_____
	9375 E. Bell Road	Security Code:	_____
	Scottsdale, AZ 85260	Exp Date:	____ / ____ / ____
		Signature:	_____
Fax	480-473-0343		
E-Mail	karen@shawnleeins.com		

**Note:** Entry form is not official until receipt of entry fee.  
 Entries will be accepted on a first received, first paid basis.