Coyotes Curling Club
9th 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	**$400.00us**		
Check	**Payable to Coyotes Curling Club**	**Credit Card**	**VS / MC / AX / DS**
Mailing Address	**Coyotes Curling Club**	**Name:**	_____
	c/o The Ice Den	**Card No.:**	_____
	9375 E. Bell Road	**Security Code:**	_____
	Scottsdale, AZ 85260	**Exp Date:**	____ / ____ / ____
		Signature:	_____

If you are paying via credit card, we will need the billing address for the card if it is different then the address provided above

Address					
City		State		Zip	

Fax **480-473-0343**
E-Mail **karen@deserticebonspiel.com**

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