



2017-2018 CURLING MEMBERSHIP REGISTRATION

CATARAQUI GOLF & COUNTRY CLUB

P.O. Box 67, 961 King St., Kingston, ON, K7L 4V6

Tel: 613-546-1753

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Email: jdoolan@cataraqui.com



Please complete ONE Registration Form per Member

PERSONAL & CONTACT INFORMATION (Please Print)		<input type="checkbox"/> I would like a locker for the season (\$50)	
Name:	First:	Last:	
Address:	Yes <input type="checkbox"/> Name Tag \$12.00		
Telephone:	Home:	Work:	Ext: Cell:
Email Address:	(all correspondence is sent electronically)		
Last Rated Position:	Years of Experience:		<input type="checkbox"/> Novice
Previous Curling Club:	Introductory Curler: Shoe Size _____		
<input type="checkbox"/> I WILL NOT BE CURLING THIS SEASON AND WISH TO RESIGN MY CURLING MEMBERSHIP.			

REGISTRATION FORM - Please check ALL applicable boxes to signify your intent to participate

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SECTION	SUB-SECTION	INTEND TO PLAY:	INTEND TO SPARE:
OPEN LEAGUES This section is available to men and women plus approved juniors.	Monday Night Open League 5:45pm & 8:00pm Year round, self-chosen teams.	<input type="checkbox"/> I am on an Open Team with: Skip: _____ Vice: _____ Second: _____ Lead: _____ 5th: _____	<input type="checkbox"/> My name would be available for a team if needed. <input type="checkbox"/> I would like to spare in Open League.
	Wednesday Day Time Open Stick League 1:00pm	<input type="checkbox"/> I am on a team with: Player 1: _____ Player 2: _____ <input type="checkbox"/> I would like to play on a team.	<input type="checkbox"/> I would like to spare.
MEN'S DAY TIME	Monday Day Time Curling at 9:00am.	<input type="checkbox"/> I would like to curl in the first draw. <input type="checkbox"/> I am on an team with: Skip: _____ Vice: _____ Second: _____ Lead: _____ 5th: _____	<input type="checkbox"/> I would like to spare in the first draw.
	Senators' – Thursday's at 9:30am (Age 55 + up)	<input type="checkbox"/> I would like to participate in Senators' curling.	
	One on One Friday Morning	<input type="checkbox"/> I would like to participate.	
MEN'S EVENING	Tuesday Men's Night Club Curling 5:45 pm and 8:00pm	<input type="checkbox"/> I would like to curl in the first draw.	<input type="checkbox"/> I would like to spare in the first draw.
	Wednesday Night Flight Curling. A series of 20 games on Year-round self-chosen teams.	<input type="checkbox"/> I am on a Flight Team with Skip: _____ Vice: _____ Second: _____ Lead: _____ 5th: _____	<input type="checkbox"/> My name would be available for a team if needed. <input type="checkbox"/> I would like to spare in flight curling.

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SECTION	SUB-SECTION	INTEND TO PLAY:	INTEND TO SPARE:
WOMEN'S DAY TIME	ONE ON ONE Monday 1:00 pm.	Choose the combination of days on which you would like to curl in the first draw.	I would like to spare on the following days in the first draw.
	CLUB CURLING Tuesday, Thursday 1pm. A series of games with skip-selected teams.	<input type="checkbox"/> Monday – One on One <input type="checkbox"/> Tuesday – Club <input type="checkbox"/> Thursday – Club	<input type="checkbox"/> Tuesday <input type="checkbox"/> Thursday
WOMEN'S EVENING	Wednesday Flight Curling at 9:15am.	<input type="checkbox"/> I am on a Flight Team with Skip: _____ Vice: _____ Second: _____ Lead: _____ 5th: _____	<input type="checkbox"/> My name would be available if needed. <input type="checkbox"/> I would like to spare in flight curling.
	Tuesday Night Club Curling at 5:45pm & 8:00pm	<input type="checkbox"/> I would like to curl in the first Club Draw.	<input type="checkbox"/> I would like to spare in the first Club Draw.
MIXED CURLING	Thursday Night Flight A series of games on year-round self-chosen teams.	<input type="checkbox"/> I am on a Flight Team with Skip: _____ Vice: _____ Second: _____ Lead: _____ 5th: _____	<input type="checkbox"/> My name would be available for a team if needed. <input type="checkbox"/> I would like to spare in flight curling.
	Senior 3pm League. *Teams are determined weekly.	<input type="checkbox"/> I would like to participate in Friday afternoon Senior Mixed Curling.	
DEVELOPMENT PROGRAM	Friday Night Flight A series of games on year-round self-chosen teams. (Up to 36 teams will be accepted based on even numbers only)	I am on a Flight Team with: Skip: _____ Vice: _____ Second: _____ Lead: _____ 5th: _____ <input type="checkbox"/> Entire Year <input type="checkbox"/> 1/2 Year	<input type="checkbox"/> My name would be available for a team for Friday Night Mixed. <input type="checkbox"/> I would like to spare for Friday Night Mixed.
	Thursday Night 15 Week Program begins October 26.	<input type="checkbox"/> I would like to participate in the 15 Week Development Program. <input type="checkbox"/> I would like to participate in specialized clinics.	Please note* An additional fee applies when joining the Development Program in addition to other leagues.



Application for membership

Member # _____

When approved

Applicant's Full Name: _____ Date of Birth: _____

Spouse's Full Name: _____ Date of Birth: _____

Children's Full Name(s): _____ Date of Birth: _____

_____ Date of Birth: _____

_____ Date of Birth: _____

Home Address: _____

City: _____ Postal Code: _____ Home Phone: ____ - ____ - ____

Business Name: _____ Occupation: _____

Business Address: _____ Fax: ____ - ____ - ____

City: _____ Postal Code: _____ Business Phone: ____ - ____ - ____

Billing Address: Home Business Email Address: _____

Credit Card: Master Card Visa Card Number: _____

Expiry Date: ____ - ____

Membership Application Category

Senior Golf Intermediate Golf Junior Golf Corporate Golf Golf Waitlist

Curling Social Bridge Social Cataraqi Diners Club

Other Club Affiliations: _____

Certification:

I certify that the information contained in this application and any future information provided to The Cataraqi Golf and Country Club, Limited (the Club) is true, complete and correct. If accepted to membership, I agree, on behalf of all persons concerned with my membership to pay all fees, accounts and assessments at the times prescribed and to accept, abide by and be governed by the By-Laws and Rules and Regulations of the Club. Further, I understand and accept that my membership and all associated fees will be **automatically renewed each 12 months** (based on the billing date of my membership category) unless I inform the Chief Operating Officer in writing that I will be resigning or changing my membership status. If I am changing my membership status or resigning my membership I acknowledge and accept that the change in status must follow Club policy in effect at the time of the status change. I agree that a service charge of 2% per month (26.8% per annum) will be charged if this account is not paid within 30 days of the statement date. I agree that any breach by me of any of the foregoing is grounds for termination of my membership and that in such event; I shall not be entitled to any refund of fees or dues paid. I understand and agree that all accounts are due and payable upon receipt of monthly statement and that past due balances of 90 days will be charged to one of VISA or MASTERCARD or the Club will pursue payment through use of a collection agency. I understand and agree that entrance fees and deposits are non-refundable. All fees are subject to change without notice.

This application cannot be presented to the Club's Board of Directors for consideration unless it is completed in full and initial payment is attached. Terms and conditions subject to change without notice.

If my status is a golf membership category or if in the future I become a golf member I agree to pay my golf fees in twelve monthly installments from October to September.

(Golf and Curling Association dues may be payable in addition to regular Club dues.)

I hereby declare all of the above information to be correct.

Signature of Applicant: _____ Date: _____

Authorization to Release Information

Member's Name: _____ Member # _____

I request and authorize Cataraqi Golf and Country Club to release the following information of the member named below:

Name: _____

Address: _____

City: _____ Prov.: _____ Postal Code: _____

Telephone #: (_____) _____ Business #: (_____) _____

E-mail: _____

This request and authorization applies to:

- The Club Roster & Handbook
- "Member Only" sections of the club website
- Bulletin boards and Internal advertising
- GAO and OCA

Release:

By signing below, I hereby allow the Cataraqi Golf and Country Club to publish annually, until at such time whereby my consent is retracted in writing, information including telephone numbers, addresses, and e-mail addresses to other members of the club for their personal use only.

Member's signature: _____ Date: _____

This authorization remains in effect until rescinded in writing.

Important Information for Curlers to Read Below

As a curler of Cataraqi, you are required to spend a minimum on Food & Beverage during your time here; with the exception of being a first year "Introductory Curler". You are able to choose from two (2) options. They are as follows:

Option "A" Single which is \$155.00 per three month period from November 1st to April 30th.

Option "B" Family which is \$310.00 per three month period from November 1st to April 30th.

This minimum is only for Food & Beverage and *does not* go toward taxes, gratuities or purchases from the Pro Shop.

If the amount is not spent; the remaining balance will be charged on your bill at the end of the three month period.

Member's signature: _____ Date: _____

For Office Use Only

Date: _____

Entrance Fee: _____

Annual Dues: _____

Share: _____

Deposit (date paid): _____ (_____)

Balance Owing: _____

Promissory Note Fully Completed: _____

Minimum Chit Plan # 1 2 3 4 5 6

Locker #: _____ Application Posted: _____

Application Posted: _____

Membership Set Up: _____

Office Notations: _____

A/R Clerk: _____