**Club registration form**

CQc_NOIR

**2018-2019 SEASON**

**Part 1**

|  |  |  |
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| **Description** | **Centre informations** | **Correction (if necessary)** |
| Club Name : |  |  |
| Address : |  |  |
| Mailing Address : |  |  |
| City : |  |  |
| Postal code : |  |  |
| Club phone number : |  |  |
| Club Fax : |  |  |
| Year of fondation : |  |  |
| Club Email : |  |  |
| Club website : |  |  |
| Contact Person : |  |  |
| Title of contact person : |  |  |
| Email of contact person : |  |  |

**Part 2**

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| **YES,** our Club will be an affiliated member of **Curling Québec** for the 2018-2019 season.  Cheque made out to : **Curling Québec** in the amount of $ 400.00 (plus taxes) before Dec. 15, 2018  $ 500.00 (plus taxes) after Dec. 15, 2018  Cheque included  Cheque to follow (before December 15, 2018)  **NO,** our Club will not be a member of **Curling Québec** for the 2018-2019 season. |

Part 3 *(If your Club wishes to be a member of CQ, please check the corresponding box)*

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| ADMINISTRATORS AND DIRECTORS CIVIL LIABILITY INSURANCE  For more information on this subject, please consult the « Insurance » under the heading « Programs and services » on our website.  Our Club wishes to take part in the Curling Québec insurance program for administrators and directors (included in the affiliation).    Our Club does not wish to take part in the Curling Québec insurance program for administrators and directors.  Our Club cannot take part in this program because we are not a non-profit organization. |

Part 4 *(Signature)*

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| Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please return this form, duly signed by mail to:

Curling Québec, 4545, av. Pierre-de Coubertin, Montréal, Qc, H1V 0B2,

or by email to: info@curling-quebec.qc.ca