**Club registration form**



**2019-2020 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 2019-2020 season.Cheque made out to : **Curling Québec** in the amount of $ 400.00 (plus taxes) before Nov. 20, 2019 $ 500.00 (plus taxes) after Nov. 20, 2019[ ]  Cheque included [ ]  Cheque to follow (before November 20, 2019)[ ]  **NO,** our Club will not be a member of **Curling Québec** for the 2019-2020 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 INSURANCEFor 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