**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 : |  |       |
| 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 and will declare all of its regular adult and junior curlers according to Curling Québec’s modalities[ ]  **NO,** our Club will not be a member of **Curling Québec** for the 2019-2020 season. |

Part 3

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| ADMINISTRATORS AND DIRECTORS CIVIL LIABILITY INSURANCEFor more information on this subject, please contact Curling Québec[ ]  Our Club wishes to take part in the Curling Québec insurance program for administrators and directors (not included in the affiliation, additional 50$ + taxes fee will be applied). [ ]  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

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| [ ]  459.90$ (400$ + taxes) before Nov. 20, 2019 (without administrators and directors civil liability insurance) **[ ]**  **574.77$** (500$ + taxes) after Nov. 20, 2019 (without administrators and directors civil liability insurance) [ ]  517.39$ (400$ + 50$ + taxes) before Nov. 20, 2019 (with administrators and directors civil liability insurance) **[ ]**  **632.36$** (500$ + 50$ + taxes) after Nov. 20, 2019 (with administrators and directors civil liability insurance)  Cheque made out to **Curling Québec :** [ ]  Cheque included [ ]  Cheque to follow (before Nov. 20, 2019) |

Part 5

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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