



## WHEELCHAIR CURLING

### PROVINCIAL REPRESENTATIVE

**IS** your team interested in representing Manitoba at the National Wheelchair Championship?

Your team must complete and submit this form to CurlManitoba  
NO LATER  
Than January 31, 2017

SKIP	Name	_____
	Address	_____
		_____
		_____
	Email	_____
	Phone	_____
THIRD		_____ Email _____
SECOND		_____ Email _____
LEAD		_____ Email _____
FIFTH		_____ Email _____
COACH		_____ Email _____

**IF a playoff is required each team will be charged \$100.00 to compete for the Manitoba berth to the National Wheelchair Championship.**

CurlManitoba

[ewen@curlmanitoba.org](mailto:ewen@curlmanitoba.org)

204-925-5723