



PETER MINOGUE  
**ROCKS**  
— **AND** —  
**HEARTS**  
TOURNAMENT



## TEAM REGISTRATION

Completed team registrations are to be returned to [carrie.dokis@canadorecollege.ca](mailto:carrie.dokis@canadorecollege.ca)

Contact name:	
Company name:	
Address:	
Telephone:	
Email:	

### One Team Registration — \$1,500

#### Payment:

- Cheque – made payable to Canadore College Foundation – P.O. Box 5001 North Bay, Ontario P1B 8K9
- Credit card – please call Carrie Dokis at 705.474.7600 ext. 5147 to provide payment details

#### Team Information:

Please include name and contact information for each player:

Curler No. 1:	Email:
Curler No. 2:	Email:
Curler No. 3:	Email:
Curler No. 4:	Email:
Curler No. 5: <i>(Optional)</i>	Email:

**Team Experience Level:**     Beginner     Intermediate     Advanced

#### For more information on sponsorship packages, please contact:

**Tessa Clermont**  
Executive Director  
North Bay Military Family  
Resource Centre  
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President & CEO  
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Health Centre Foundation  
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