

St. Thomas Curling Club
P.O. Box 20165
St. Thomas, Ontario
N5P 4H4

Phone (519) 631-1770

Fax (519) 631-1938

IN-CLUB EVENT INFORMATION

League.....

Event.....

Date..... Time Start:..... Finish.....

Name of Convenor..... Phone.....

1. Time club is to be opened by.....

2. Number of draws

3. Number of sheets of ice per draw.....

4. Number of ends per game.....

5. Draw times.....

(Note- The club reserves the right to adjust draw times to allow for proper ice preparation.)

6. Time bar is to be opened.....

7. Number expected for meal.....

8. Name of caterer.....

9. Is a microphone required?.....

10. Are draw sheets and score cards needed?.....

11. Any special requests?

Date:.....

Signature:.....

PLEASE GIVE COMPLETED FORM TO – Don Marcou, Phone/fax 637-0350