



## **SENIOR WOMEN'S BONSPIEL INTENT INFORMATION FORM**

The Albany Curling Club, Albany, New York, will host "A New York State of Mind," the 38th Senior Women's Bonspiel Wednesday, November 20 through Sunday, November 24, 2019. The Kit Party and Skip Meeting will be Wednesday evening on November 20 at the Curling Club. The opening ceremony is Wednesday evening and curling will take place Thursday through Sunday. It will be a 16 team, 8-end bonspiel on 2 sheets of ice. The finals will begin at 1:00 PM on Sunday.

**ACCOMMODATIONS:** The Desmond, 660 Albany Shaker Road, Albany NY, \$109 + tax, 800-448-3500. Group name for rate-USWCA Senior Women's Bonspiel

**AIRPORT:** Albany International (ALB), [www.albanyairport.com](http://www.albanyairport.com), (1.5 miles to hotel)

**ELIGIBILITY:** All participants must have reached the age of 55 before January 1ST 2020 and have paid USWCA dues for 2018-2019. Entrants must be "women in good standing and regular curling members with full curling privileges." Three team members must be members of the same club and all from same geographical region.

**ENTRY FEE:** Each team entry must include a check for \$360 which is refundable if a team is not drawn. If the entry is a composite team, please indicate the member club of each person. Anyone who wishes to be placed on a composite team on an as needed basis may enter below as a single with no additional fee.

**PLEASE MAKE CHECKS PAYABLE TO Albany Curling Club SWB. COMPLETE ENTRY MUST BE RECEIVED BY SEPTEMBER 6, 2019.**

**NOTE:** All team member names must be included for each team. Please print or type clearly as these names go in the Bonspiel booklet.

**TEAM NAME** \_\_\_\_\_

SKIP \_\_\_\_\_ CLUB NAME \_\_\_\_\_

**OR SINGLE** \_\_\_\_\_ CLUB NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

E-MAIL \_\_\_\_\_ PHONE \_\_\_\_\_ YEAR OF BIRTH \_\_\_\_\_

**VICE SKIP** \_\_\_\_\_ CLUB NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

E-MAIL \_\_\_\_\_ PHONE \_\_\_\_\_ YEAR OF BIRTH \_\_\_\_\_

**SECOND** \_\_\_\_\_ CLUB NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

E-MAIL \_\_\_\_\_ PHONE \_\_\_\_\_ YEAR OF BIRTH \_\_\_\_\_

**LEAD** \_\_\_\_\_ CLUB NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

E-MAIL \_\_\_\_\_ PHONE \_\_\_\_\_ YEAR OF BIRTH \_\_\_\_\_

**SEND COMPLETED FORM TO: Leslie Cooke, SWBPC \* 25641 Edgecliff Drive \* Euclid, Ohio 44132 Phone: 216-570-2869 osumamma@hotmail.com**