



SENIOR WOMEN'S BONSPIEL INTENT INFORMATION FORM

The Centerville Curling Club, Galesville, WI, will host "Curl the Driftless," the 37th Senior Women's Bonspiel Wednesday, November 28 through Sunday, December 2, 2018. The Kit Party and Skip Meeting will be Wednesday evening on November 28 at the Curling Club. The opening ceremony is Wednesday evening and curling will take place Thursday through Sunday. It will be a 32 team, 8-end bonspiel on 4 sheets of ice, if fully subscribed.

ACCOMMODATIONS: Riverport Inn & Suites, Winona, MN, \$109.99 + tax, (507) 452-0606. Reserve by 10/28/2018. Group name for rate-US Women's Curling Assoc.

AIRPORTS: Minneapolis/St. Paul Int'l or Dane Co Int'l (Madison), 2.5 hr to Centerville CC. Closer regional airports include Rochester, MN, La Crosse, WI, and Eau Claire, WI.

ELIGIBILITY: All participants must have reached the age of 55 before January 1st 2019 and have paid USWCA dues for 2017-2018. 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 area.

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 The Centerville Women's Curling Club. COMPLETE ENTRY MUST BE RECEIVED BY SEPTEMBER 6, 2018.

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: 216-731-0109 osumamma@hotmail.com