



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

The Denver Curling Club, Golden, Colorado, will host "Curling with Altitude" the 39th Senior Women's Bonspiel Wednesday, December 1 through Sunday, December 5, 2021. The Kit Party and Skip Meeting will be Wednesday evening on December 1 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. The finals will begin at 10:30 am on Sunday and festivities conclude by 1:30 pm.

**ACCOMMODATIONS:** Residence Inn \$119 plus tax, Courtyard Denver \$109 plus tax, 14600 & 14700 W 6th Ave. Frontage Road, Golden CO, Hotel Reservation (303)215-9218

**HOTEL WEBSITE:** [www.marriott.com/event-reservations/reservation-link.mi?id=1611275549807&key=GRP&app=resvlink.com](http://www.marriott.com/event-reservations/reservation-link.mi?id=1611275549807&key=GRP&app=resvlink.com)

**AIRPORT (DEN)Denver International:** Hotel is 50 minutes from airport (30 miles)

**ELIGIBILITY:** All participants must have reached the age of 55 before January 1, 2022, and have paid USWCA dues for 2019-2020 season. 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 \$400 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 Denver Curling Club. COMPLETE ENTRY MUST BE RECEIVED BY AUGUST 27, 2021. NO EXCEPTIONS**

**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](mailto:osumamma@hotmail.com)