USWCA SENIOR WOMEN'S FRIENDSHIP TOUR APPLICATION TO BRITISH COLUMBIA, CANADA OCTOBER 31^{ST} – NOV 11^{TH} 2012 MINIMUM AGE 50 BY MAY 1 OF YEAR 2012

Name	Telephone		
NameAddress	City	State	Zip
Date of Birth Person to be notified in case of illnes	E-mail Address		·
Person to be notified in case of illnes	S:	Telephone	
Name of your Curling Club Name of your Medical Insurance Com	Are you a d	dues-paying mei	mber?
Name of your Medical Insurance Com	npany		
Does your insurance cover internation	nal travel?		
Physician		Telephone	
Do you feel you have the health and as participate in social activities each Do you smoke? If so, would	evening?		
traveling or in any other situation?	you be able to comorn to	HOH-SHIOKING TU	ies wille
If you use alcoholic beverages, could	Lyou maintain moderation a	s would be con-	
appropriate for a member of an inter			
What team position do you play in yo	our club?		
What team position do you play in you Number of years in each position: SI	kip Vice Sec	ond Le	 ad
List in order of preference the position			
·			
The Tour Team will be called upon to form of skits and songs. List your ta			nment in the
List local, state and national curling cany bonspiel experiences you wish to			
INFORMATION TO KEEP IN MIND: Tour members are usually guests in I club at dinners and luncheons. An a (not including airfare, hostess gifts a	pproximate cost of the Tour	at this time is	
USWCA members who have traveled not be considered for the Friendship any international USWCA sponsored	Tour unless there is a short	age of applican	ts. Please list
With this application please included in the club president or other officer are			
Signature of applicant:			
Mail to: Roberta Crain	Deadline: Postmark	ked December	16, 2011

711 Downing Street Schenectady, NY 12309 rcrain@nycap.rr.com