

**ICE TECHNICIAN
WORKSHOP
HOSTING REQUEST FORM**

Curling Club _____ Date: _____

Contact Person _____
(please include year round contact info)

Address _____

City _____ Postal Code _____

Phone Home _____ Work _____ Cell _____

E-mail _____ Fax _____

Type of Workshop:
(Please check)

Level 1 Level 2 Either

Dates preferred:

(The following months have been predetermined by CURLSASK. Please indicate choice of month and indicate which weekend.)

September _____

October _____

January _____

Other _____ _____

Please fax or mail to CURLSASK Office
613 Park Street, Regina, SK S4N 5N1
Phone: 1.877.722.2875 or 306.780.9202
Fax: (306) 780-9404
E-Mail: curling@curlsask.ca