

## **KAMLOOPS – CURLING BONSPIEL 2022**

- DATE:** Saturday, March 19<sup>th</sup>, 2022
- TIME:** 9 am to 5 pm  
(Times are approximate and may be adjusted once final registration is received)
- LOCATION:** McArthur Island Curling Club  
1665 Island Parkway, Kamloops, BC V0E 2A0
- REGISTRATION:** \$30.00 /athlete; \$15.00 / coach / supporter  
cheques are to be made out to Special Olympics BC - Kamloops.  
\*\*Please note that fees are due and payable for all participants that register. If participants are unable to attend after registering fees are still due and payable.
- MEDICAL:** Please submit your proof of double vaccination for all attending athletes and coaches with your registration forms.  
  
Teams must have a complete set of medical forms with them at all times and provide to medical staff as needed.
- COACH SIGN IN:** All coaches are required to sign in at the competition, bring their NCCP #, and attend the complete competition.
- ACCOMMODATION:** Please note this is a 1-day event. If overnight accommodations are required, please contact event coordinators and we can recommend hotels in the area.
- MEALS:** Please arrive to the tournament fueled and ready to go.  
Lunch will be provided  
Water – all participants are asked to bring their own water bottles.  
Bottled Water will not be provided but will be areas to refill bottles  
Please identify if you have team members with any dietary restrictions on your registration form.
- DEADLINE:** Registration Deadline is **Saturday, March 9<sup>th</sup>**. Please complete the registration form in full and submit by email. Late registration will not be able to be accommodated.  
  
Due to the short turnaround time, payment can be made at the venue on the day of the tournament in advance of your first game. Make cheques payable to **Special Olympics Kamloops**.

**Please direct registration and questions to:**

Karl DeBruijn at 250-819-2063 or  
[kmdebruijn54@gmail.com](mailto:kmdebruijn54@gmail.com)



**KAMLOOPS – CURLING BONSPIEL 2022  
Registration Form**

REGION: \_\_\_\_\_ LOCAL: \_\_\_\_\_

TEAM NAME: \_\_\_\_\_

Head Coach: \_\_\_\_\_ Email: \_\_\_\_\_  
(please print)

Asst Coach: \_\_\_\_\_

Overall Ability Level of Team      A      B      C      D      (please circle)

**TEAM ROSTER**

Athlete Name	Dbl Vax Proof	DOB	Athlete Ability Level (please indicate by checking the appropriate box)			
			A	B	C	D
1)						
2)						
3)						
4)						
5)						

**Please ensure you have medical forms for your athletes with you.**

**Dietary Restrictions:** \_\_\_\_\_

\_\_\_\_\_

**\*\*Each team must have a minimum of 4 and maximum of 5 athletes plus 2 coaches.  
(Please include a separate page for each team)**