

Region 4 – Curling Regional Qualifier

DATE: Saturday, March 5th, 2022 & Saturday, March 12th, 2022

LOCATION: Delta Thistle Curling Club
 11415 – 84th Avenue
 Delta, BC

All participants must be able to show proof of their vaccine passport and will be checked at the door. Masks are mandatory in the lobby at all times and all safety protocols will be abided by including a health check.

TIME:	March 5 th @ 11:15 AM	– Doors Open (Day 1)
	March 5 th @ 12:00 PM – 7:00 PM	– Competition (Day 1)
	March 12 th @ 11:15 AM	– Doors Open (Day 2)
	March 12 th @ 12:00 PM - 4:45 PM	– Competition (Day 2)

Please note: a final games schedule will be sent out to teams after registration closes.

SANCTIONING: The competition will be sanctioned by Special Olympics BC and follow Sport Specific Rules as posted on the SOBC web site.

EVENT: Curling

REGISTRATION COST: \$ 35.00 / athlete
 Cost to be confirmed - may be less depending on # of athletes that register

REGISTRATION DEADLINE: Wednesday, Feb.23rd, 2022
 Please complete the registration form below, in full and submit by the deadline.

Please make cheques payable to “SOBC Burnaby”. Cheques can be hand delivered to Debra Colvin at the competition.

****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.**

TRANSPORTATION: Travel to and from the venue will be the responsibility of the attending local

- MEALS:** No meals to be provided. Athletes to bring food. Snacks, fruit and hot beverages to be provided.
- Water – all participants are asked to bring their own water bottles. There is no water station on site.
- MEDICAL:** Teams must always have a complete set of medical forms with them and provide to medical staff as needed.
- COACH SIGN IN:** All coaches will be required to sign in at the competition, bring their NCCP#, and attend the complete competition.

Please direct questions by email to debracolvin@telus.net or by cell to Debra Colvin 604 522-5300.



**REGION 4 CURLING – REGIONAL QUALIFIER
MARCH 5TH & 12TH, 2022
Registration Form**

REGION: _____ LOCAL: _____

TEAM NAME: _____

Head Coach: _____

Email: _____ Phone: _____

Asst Coach: _____

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

TEAM ROSTER

Athlete Name	M/F	DOB dd/mm/yyyy	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.

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



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