

MAIL IN ENTRY FORM
2006 Minnesota State Senior Men's
January 13-15th 2006 St. Paul Curling Club

RINK NAME: _____ Entry: \$200 / Rink
CONTACT: _____ Remit entry with payment to:
ADDRESS: _____ St. Paul Curling Club
CITY: _____ MN ZIP: _____ Attn: Jim Jerylo
PHONE: _____ 470 Selby Ave
EMAIL: _____ St. Paul, MN 55102

TEAM:
Skip _____ Age as of 1/13/06 _____
Vice _____ Age as of 1/13/06 _____
2nd _____ Age as of 1/13/06 _____
Lead _____ Age as of 1/13/06 _____

Draw Preference: Early Friday () Late Friday () Division Sr. () Super ()

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