



## NOCA Member Facility Verification

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I \_\_\_\_\_, representing this member facility of the Northern Ontario Curling Association, hereby confirm that the athletes mentioned below are representing our club in this year's (name of event) \_\_\_\_\_ playdowns.

**Name:**

**Title:**

**Signature:**

**Date:**

**Club:**

### **TEAM INFORMATION:**

**Team Name:**

**Skip:**

**Vice:**

**Second:**

**Lead:**

**Coach:**

**Fifth:**

NOTE: If any of the players do not belong to the club the team represents, please indicate the player name and the club they are a member of. All players must belong to a NOCA affiliated club.

**Please print, sign, and return this form to the NOCA office at least one week prior to the start of the first day of the competition.**

Email: [leslie.kerr@curlnoc.ca](mailto:leslie.kerr@curlnoc.ca)

Fax: 1-888-622-8884

Northern Ontario Curling Association  
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