

LETHBRIDGE CURLING CLUB

22nd ANNUAL MICHAEL IZSAK MEMORIAL JUNIOR CASH SPIEL

October 3 - 5, 2014

1ST PRIZE \$1,200

With a TOTAL CASH PAYOUT of \$4,500!

Entry Fee: \$220 (guaranteed 5 games)

(Includes T-Shirt and Banquet and Lots of Fun! Games and payout based on 20 teams or more entered)



Major Sponsors:

Manser Trucking Ltd.

Kirks Tires Ltd.

For more information or to enter this great spiel please contact:

Lethbridge Curling Club

Phone (403) 327-1213

Fax (403) 327-2875

Email – letscurl@lethbridgecurlingclub.com or www.lethbridgecurlingclub.com

If traveling from out of town please support the Lethbridge Lodge Hotel:

(403)-328-1123 or (800)-661-1232

Quote “ROCK SOLID RATES” for special curler rates!

Room rate includes a breakfast voucher

(1 per person – up to 4 per room)



Dear Junior Curler;

On behalf of the organizing committee, we would like to extend an invitation to you and your team to participate in our Michael Izsak Memorial Junior Cash Spiel, October 3 – 5, 2014.

Thanks to the generosity of our Title Sponsors – Manser Trucking Ltd .and Kirks Tire Ltd., our event sponsors, this year's purse is **\$4,500** (based on a minimum of 20 team's). The entry fee is \$220.00 per team.

1st Prize A Event - \$1,200.00.

When making your hotel bookings, we ask that you support our sponsor hotel, the Lethbridge Lodge Hotel. It is a terrific hotel and curlers receive a great rate so please quote "Rock Solid Rates" when booking your rooms.

If you have any questions please call the club at (403) 327-1213 or email us at letscurl@lethbridgecurlingclub.com . Also, please visit our website for information at www.lethbridgecurlingclub.com

Sincerely;

Dave Manser
General Manager
Lethbridge Curling Club

MICHAEL IZSAK MEMORIAL JUNIOR CASH

REGISTRATION FORM

Michael Izsak Memorial Organizing Committee
Lethbridge Curling Club
911 - 6th Avenue South
Lethbridge, AB T1J 4N9.
Fax: (403) 327-2875
Email: letscurl@lethbridgecurlingclub.com
Website: www.lethbridgecurlingclub.com

Dear Organizing Committee;

Please enter my team in the Michael Izsak Memorial Cash Spiel October 3 – 5, 2014. I am enclosing a deposit of \$220.00 cheque or please debit my credit card:

Name on card:

Visa / MasterCard _____ Expiry date: _____.

SKIP	_____	T Shirt Size
THIRD	_____	T Shirt Size
SECOND	_____	T Shirt Size
LEAD	_____	T Shirt Size

Name and Address of Skip or contact person (please specify)

Name	Address	Telephone/Home/Work
Email Address		

REMINDER : A \$220.00 DEPOSIT MUST ACCOMPANY YOUR ENTRY

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