

Personal Information

Full Name:							
Address 1:							
Address 2:							
Address 3:				Postcode:			
Home Phone:				Mobile Phone:			
Email:							
Date of Birth:				Age:			
Curling Club:				Year started curling:			
Home Nation Membership:	Yes	No	Nation:	British Passport Holder:	Yes	No	

Eligibility

Have you previously undergone the international classification process for wheelchair curling?	Yes	No
<ul style="list-style-type: none"> If yes, what class? 	WC-E Wheelchair Curling Eligible	WC-NE Wheelchair Curling Non-Eligible
<ul style="list-style-type: none"> If yes, what status? 	Confirmed	Review
Are you of a level of fitness and health to be able to travel and compete competitively?	Yes	No
Do you have any pending doping offences or are you currently serving a doping ban?	Yes	No
If yes please detail below:		

Please return to graeme.thompson@sisport.com by 5pm on 30th October 2017