CANADIAN CURLNG ASSOCIATION: TECHNICAL DEVELOPMENT PROGRAM LEVEL 1 OFFICIAL PRACTICAL COMPONENT FORM

NAME:		E:				
MAILING ADDRESS:						
EMAIL:						
		PRACTI	CAL EXPERIENC	Ε		
EVENT NAME	DATE	TYPE OF DUTY	# OF GAMES	NAME OF HEAD OFFICIAL	SIGNATURE OF HEAD OFFICIAL	
				e under the supervision of a cer event, provincial or national ch		
1: A Game Observer (mir	-	· · · · · · · · · · · · · · · · · · ·				
2: A Game Observer (mi	in. 2 games) + Tin	ner (min. 2 games) + H	Hogline (min. 2 gan	nes)		
I hereby declare that	the above infor	mation is true:				
Signature of Candidate		Signature of	Signature of Provincial Coordinator		Date	
*Signatures can be signed At completion of this		s may submit via ma	ail, fax, email, or o	online form.		