



TEAM LINE-UP CARD

Team: _____

Throwing Order (circle appropriate number)
Throwing Hand (circle appropriate number)

Skip: _____ 1 2 3 4 Left or Right

Third: _____ 1 2 3 4 Left or Right

Second: _____ 1 2 3 4 Left or Right

Lead: _____ 1 2 3 4 Left or Right

Spare: _____ 1 2 3 4 Left or Right

Coach: _____

Contact Number: _____

Email Address: _____