



## OCA - SOO Tankard 2024-25



### Special Olympics Ontario - Region 2 Curling Playdown

**Saturday December 14<sup>th</sup>, 2024**

Hamilton Victoria Curling Club  
568 King Street East, Hamilton, L8N1E2

**Doors Open at 8:00 a.m.**  
**Coaches meeting will begin at 8:30 a.m.**  
**Games to begin at 9:00 a.m.**

- Event registration is \$25 per athlete. Lunch is included.
- Please indicate any dietary needs, mobility needs, and/or media restrictions.
- Please attach a **cheque** in the full amount for your club's registration.
- Cheques are to be made payable to: Special Olympics Ontario

**Notes: All outside footwear should be left at the entrance**  
**Spectator meals available for \$15, please let us know by November 29th**

#### Registration notes:

- 1) Each team roster must include a minimum of four (4) athletes. Teams will not be permitted to pick up athletes from other communities upon arrival. Failure to have four athletes will result in disqualification of that team.
- 2) Communities are required to play in all scheduled games.
- 3) **Registration deadline: (10 days in advance) Wednesday December 4<sup>th</sup>**
- 4) This is a firm registration date. The Competition Host has the right to refuse any registrations received after the stated deadline.

**Please return team registration form(s) and payment to:**

**Special Olympics Ontario**  
**65 Overlea Blvd., Suite 200**  
**Toronto, ON M4H 1P1**  
**Attention: Jeff Charlesworth**  
**curling@specialolympicsontario.ca**  
**[Phone: 416-447-8326 ext. 277]**

## Special Olympics Ontario - Region Playdown Team Entry Form

Team Name:			
Community:			
Head Coach:			SOO #:
Phone:		Cell Phone for Event Day Contact:	
Email address:			
Mailing address:			
City:		Postal Code:	
Assistant Head Coach(es):			SOO #:
Please indicate the skill level of this team  Level: A B		Athlete Name:	SOO #:
	Skip		
	Vice		
	Second		
	Lead		
	Alternate		

Total number of lunches required: \_\_\_\_\_

Teams entering the Region Playdown must do so with the intent of proceeding to the Tankard Qualifier and the Tankard event.

Does this team intend to proceed to the Tankard Qualifier and Tankard event?   **YES**        **NO**

Head Coach Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SOO numbers are mandatory for all athletes and coaches.**