Wakkanai Midori CHALLENGE CUP2024 Application Form

TEAM NAME	Affiliated	
	Association	
Contact person		
TEL		
E-mail		

Position	Skip/Vice	NAME	性別
Fourth			
Third			
Second			
Lead			
Alternate			
Coach			
concerned person			
	_		

Major results within the past 3 years (starting with the latest result)

Year	Name of tournament	Result

Please complete & return to: wakkanai-curling@outlook.jp

Wakkanai Curling Association

Mail:wakkanai-curling@outlook.jp TEL:090-2052-5365

Deadline: Thursday, June 27, 2024