

LETHBRIDGE CURLING CLUB

19th ANNUAL MICHAEL IZSAK MEMORIAL JUNIOR CASH SPIEL

New Dates

October 21 - 23, 2011

1ST PRIZE \$1,000

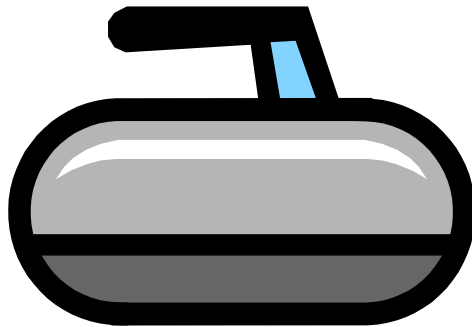
With a TOTAL CASH PAYOUT of OVER \$3,600!

Entry Fee: \$200 (guaranteed 5 games)

(Includes T-Shirt and Banquet and Lots of Fun!)

First 20 paid teams will be accepted

Registration deadline: October 15, 2011



Major Sponsors:

KIRKS TIRES LTD

MANSER TRUCKING

To enter or for additional information contact:

Lethbridge Curling Club
Telephone: (403) 327-1213
Fax: (403) 327-2785

E-mail: letscurl@lethbridgecurlingclub.com

If overnight accommodation is required, please contact
one of our Partner Hotels and ask for the Lethbridge Curling Club room rate.

Lethbridge Lodge Hotel (MIJC)

320 Scenic Drive South
Lethbridge, AB, T1J 4B4
(403) 328-1123
1-800-661-1232

Ramada

1303 Mayor Magrath Drive S.
Lethbridge, AB T1K 2R1
(403) 329-0555
1-800-791-8488



Summer 2011

Dear Junior Curler;

On behalf of the organizing committee, we would like to extend an invitation to you and your team to participate in our Michael Izsak Memorial Junior Cash Spiel, October 21 – 23, 2011.

Thanks to the generosity of our Title Sponsors – Kirks Tires Ltd and Manser Trucking, our event sponsors, this year's purse is **\$3,660.00** (with a full 20 team entry). The entry fee is \$200.00 per team.

1st Prize A Event - \$1,000.00.

Like our Men's and Ladies Cash Spiels, we are requesting a deposit of 100% of the entry fee to accompany your entry, and we recommend you enter early.

When making your hotel bookings, we ask that you support our sponsors and book one of the hotels on the enclosed listing.

If you have any questions please call the club at (403) 327-1213 or email us at letscurl@lethbridgecurlingclub.com.

Sincerely;

The Organizing committee

MICHAEL IZSAK MEMORIAL JUNIOR CASH

REGISTRATION FORM

Michael Izsak Memorial Organizing Committee
Lethbridge Curling Club
911 - 6th Avenue South
Lethbridge, AB T1J 4N9.
Fax: (403) 327-2875
Email: letscurl@lethbridgecurlingclub.com

Dear Organizing Committee;

Please enter my team in the Michael Izsak Memorial Cash Spiel October 21 - 23. I am enclosing a deposit of \$200.00 cheque or please debit my credit card:

Name on card:

Visa / MasterCard _____ Expiry date: _____.

| | | |
|---------------|-------|---------------------|
| SKIP | _____ | T Shirt Size |
| THIRD | _____ | T Shirt Size |
| SECOND | _____ | T Shirt Size |
| LEAD | _____ | T Shirt Size |

Name and Address of Skip or contact person (please specify)

| Name | Address | Telephone/Home/Work |
|----------------------|---------|---------------------|
| | | |
| Email Address | | |

REMINDER: A \$200.00 DEPOSIT MUST ACCOMPANY YOUR ENTRY

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