



Branch #	Branch name:	
Contact person(s)	for this event:	
Phone number: _	one number: Email:	
Proposed dates (usually third weekend in Janua	ary):
Location of openir	ng ceremonies / banquet:	
Number of hotel re	ooms within 10 minutes of fac	ilities:
Name(s) of propo	sed hotels and rates (including	g all taxes):
1)		Rate:
2)		Rate:
3)		Rate:
Will a block of roo	ms be available for participan	ts? □ Yes □ No If yes, how many?
Are there cabs or	designated driver programs a	vailable? 🗆 Yes 🗆 No
Shuttle service pro	ovided: 1) to/from ceremonies	$3? \square$ Yes \square No 2) to/from curling rink? \square Yes \square N
Curling rink location	on:	
Number of sheets	available: A	rtificial or natural ice?
Proposed cost pe	r team (for curling):	
# of participants re	equired to break even on fixed	costs (e.g. facility/equipment rentals, etc.):
Location of closing	g ceremonies:	

Add any additional information that would help the committee select your branch for this event. **Please include any host fees and how much you are planning on charging for each meal.**