COMPETITION:					
DATE / LOCATION	J:				
OR	IGINAL TE	AM LINE-UP	FORI	<u>M</u>	
TEAM:		MEN: WOI		EN:	
(Delivering Order)	FIRST NAME	FAMILY NAME	Broom	L/R	TC
FOURTH					
THIRD					
SECOND					
LEAD					
ALTERNATE					
SKIP					
VICE-SKIP					
				Broom	TC
TEAM COACH					
2nd OFFICIAL ROLE:					
SIGNATURE					
PHONE / ROOM NUM (IN CASE OF EMERGI					
E-MAIL ADDRESS					

NOTE

 $\overline{\text{L/R}}$ - Indicate if the player delivers with the left or right hand.

TC – Indicate which person (I) is the Team Contact person (off the ice) for the Umpires.

For every game the order can be changed using the Game Team Line-up form.



COMPETITION:				
DATE / LOCATION:				
OR	IGINAL TEAM	LINE-UP FORI	<u>M</u>	
TEAM:				
	FIRST NAME	FAMILY NAME	L/R	TC
FEMALE				
MALE				
TEAM COACH				
2nd TEAM OFFICIAL				
SIGNATURE				
PHONE / ROOM NUMB (IN CASE OF EMERGEN				
E-MAIL ADDRESS				

NOTE:

L/R - Indicate if the player delivers with the left or right hand.

TC – Indicate which person (I) is the Team Contact person (off the ice) for the Umpires.

The Original Team Line-Up will be used for the "curling history", the presentation of the team and the medal ceremony.

Only the team coach and the 2^{nd} team official / translator listed on this form will be allowed access to the Coach Bench.



COMPETITION: _					
DATE / LOCATION	N:				
ORIGINAL TEAM LINE-UP FORM					
TEAM:					
(Delivering Order)	FIRST NAME	FAMILY NAME	L/R	TC	Gender F/M
FOURTH					
THIRD					
SECOND					
LEAD					
SKIP					
VICE-SKIP					
			_	TC	
TEAM COACH					
2nd TEAM OFFICIAL					
SIGNATURE					
PHONE / ROOM NUMBER (IN CASE OF EMERGENCY)					
E-MAIL ADDRESS					

NOTE:

L/R - Indicate if the player delivers with the left or right hand.

TC – Indicate which person (one) is the Team Contact person (off the ice) for the Umpires.

For every game the order can be changed using the Game Team Line-up form.

The Original Team Line-Up will be used for the "curling history", the presentation of the team and the medal ceremony.

Only the players, the team coach and a 2^{nd} team official listed on this form will be allowed access to the Coach Bench.



THIRD SECOND LEAD ALTERNATE SKIP VICE-SKIP TEAM COACH	DATE / LOCATION:			
DATE:	GAME / CI	HANGE of TEA	M LINE-UP FOI	<u>RM</u>
STARTING FROM END: (Please mark 0 if it is for the entire game) (New Delivery Order) FIRST NAME FAMILY NAME L/R FOURTH THIRD SECOND LEAD ALTERNATE SKIP VICE-SKIP TEAM COACH	TEAM:		MEN: WOMEN:	
(New Delivery Order) FIRST NAME FAMILY NAME L/R FOURTH THIRD SECOND LEAD ALTERNATE SKIP VICE-SKIP TEAM COACH	DATE:	TIME:	SHEET: _	
FOURTH THIRD SECOND LEAD ALTERNATE SKIP VICE-SKIP TEAM COACH	STARTING FROM EN	ND: (Please mark 0 if	it is for the entire game)	
FOURTH THIRD SECOND LEAD ALTERNATE SKIP VICE-SKIP TEAM COACH	(New Delivery Order)	FIRST NAME	FAMILY NAME	L/R
SECOND LEAD ALTERNATE SKIP VICE-SKIP TEAM COACH	FOURTH			
LEAD ALTERNATE SKIP VICE-SKIP TEAM COACH	THIRD			
ALTERNATE SKIP VICE-SKIP TEAM COACH	SECOND			
SKIP VICE-SKIP TEAM COACH	LEAD			
VICE-SKIP TEAM COACH	ALTERNATE			
TEAM COACH	SKIP			
	VICE-SKIP			
SIGNATURE	TEAM COACH			
	SIGNATURE			

NOTE:

L/R - Indicate if the player delivers with the left or right hand.

COMPETITION: _____

This form to be given to an umpire

- I5 minutes before the start of the first pre-game practice if there is a change of Line-Up from the Original Line-Up for an entire game
- or if it is a Line-Up Change during a game, before the player is allowed in the Field of Play

