

COMPETITION: _____

DATE / LOCATION: _____

ORIGINAL TEAM LINE-UP FORM

TEAM: _____

MEN:

WOMEN:

(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 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 (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: _____

ORIGINAL TEAM LINE-UP FORM

TEAM: _____

	FIRST NAME	FAMILY NAME	L/R	TC
FEMALE				
MALE				
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 (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 2nd team official / translator listed on this form will be allowed access to the Coach Bench.

COMPETITION: _____

DATE / LOCATION: _____

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 2nd team official listed on this form will be allowed access to the Coach Bench.

COMPETITION: _____

DATE / LOCATION: _____

GAME / CHANGE of TEAM LINE-UP FORM

TEAM: _____ MEN: WOMEN:

DATE: _____ TIME: _____ SHEET: _____

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			
SIGNATURE			

NOTE:

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

This form to be given to an umpire

- 15 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