

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					
TEAM COACH				TC	
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

COMPETITION: _____

DATE / LOCATION: _____

LAST STONE DRAW (LSD)

DATE: _____ TIME: _____

SHEET: _____

MEN: WOMEN: MIXED:

Team	Player	Turn	Distance in cm
		♂	
		♀	
	Total distance		

Team	Player	Turn	Distance in cm
		♂	
		♀	
	Total distance		

SHEET: _____

MEN: WOMEN: MIXED:

Team	Player	Turn	Distance in cm
		♂	
		♀	
	Total distance		

Team	Player	Turn	Distance in cm
		♂	
		♀	
	Total distance		

SHEET: _____

MEN: WOMEN: MIXED:

Team	Player	Turn	Distance in cm
		♂	
		♀	
	Total distance		

Team	Player	Turn	Distance in cm
		♂	
		♀	
	Total distance		

SHEET: _____

MEN: WOMEN: MIXED:

Team	Player	Turn	Distance in cm
		♂	
		♀	
	Total distance		

Team	Player	Turn	Distance in cm
		♂	
		♀	
	Total distance		

SHEET: _____

MEN: WOMEN: MIXED:

Team	Player	Turn	Distance in cm
		♂	
		♀	
	Total distance		

Team	Player	Turn	Distance in cm
		♂	
		♀	
	Total distance		

Stones completely outside of the House = 199.6 cm

COMPETITION: _____

DATE / LOCATION: _____

DRAW SHOT CHALLENGE (DSC)

TEAM: _____
Men: <input type="checkbox"/> Women: <input type="checkbox"/>
SHEET # : _____
Player 1: _____ cm
Player 2: _____ cm
Player 3: _____ cm
Player 4: _____ cm
TOTAL: _____ cm

TEAM: _____
Men: <input type="checkbox"/> Women: <input type="checkbox"/>
SHEET # : _____
Player 1: _____ cm
Player 2: _____ cm
Player 3: _____ cm
Player 4: _____ cm
TOTAL: _____ cm

TEAM: _____
Men: <input type="checkbox"/> Women: <input type="checkbox"/>
SHEET # : _____
Player 1: _____ cm
Player 2: _____ cm
Player 3: _____ cm
Player 4: _____ cm
TOTAL: _____ cm

TEAM: _____
Men: <input type="checkbox"/> Women: <input type="checkbox"/>
SHEET # : _____
Player 1: _____ cm
Player 2: _____ cm
Player 3: _____ cm
Player 4: _____ cm
TOTAL: _____ cm

TEAM: _____
Men: <input type="checkbox"/> Women: <input type="checkbox"/>
SHEET # : _____
Player 1: _____ cm
Player 2: _____ cm
Player 3: _____ cm
Player 4: _____ cm
TOTAL: _____ cm

TEAM: _____
Men: <input type="checkbox"/> Women: <input type="checkbox"/>
SHEET # : _____
Player 1: _____ cm
Player 2: _____ cm
Player 3: _____ cm
Player 4: _____ cm
TOTAL: _____ cm

Stones completely outside of the House = 199.6 cm

If teams have identical cumulative scores, the team with the best single result, and if that is the same the second best result, etc. will be ranked higher.

Umpire: _____ **Date:** _____

COMPETITION: _____

DATE / LOCATION: _____

ON-ICE OFFICIAL'S SCORECARD

SHEET: _____

MEN:

WOMEN:

DATE: _____

TIME: _____

LSFE	ENDS	1	2	3	4	5	6	7	8	9	10	11	12	TOTAL		

LSD Team _____	Turn	Player	Distance
	☺		
	☹		
Total Distance			

LSD Team _____	Turn	Player	Distance
	☺		
	☹		
Total Distance			

Time-Out Team _____	End #	Stone #
	1 st Extra End	
	2 nd Extra End	

Time-Out Team _____	End #	Stone #
	1 st Extra End	
	2 nd Extra End	

Team _____
Team _____

Signature : _____
Signature : _____

Violations & Technical Time-Outs Team _____	End #	Stone #	Action

Violations & Technical Time-Outs Team _____	End #	Stone #	Action

Official _____ **Signature:** _____

COMPETITION: _____

DATE / LOCATION: _____

COMPETITION: _____

DATE / LOCATION: _____

ON-ICE OFFICIAL'S SCORECARD

SHEET: _____ MEN: WOMEN: MIXED:

DATE: _____ TIME: _____

LSFE	ENDS	1	2	3	4	5	6	7	8	9	10	TOTAL	

LSD Team _____	Turn	Player	Distance
	☺		
	☹		
	Total Distance		

LSD Team _____	Turn	Player	Distance
	☺		
	☹		
	Total Distance		

Time-Out Team _____	End #	Stone #
	1 st Extra End	
	2 nd Extra End	

Time-Out Team _____	End #	Stone #
	1 st Extra End	
	2 nd Extra End	

Team _____

Signature : _____

Team _____

Signature : _____

Violations & Technical Time-Outs Team _____	End #	Stone #	Action

Violations & Technical Time-Outs Team _____	End #	Stone #	Action

Official _____

Signature: _____

COMPETITION: _____

DATE / LOCATION: _____

GAME TIMING FORM

SHEET: _____

MEN:

WOMEN:

DATE: _____

TIME: _____

Team:		
Actual Clock Time at the completion of end:		Time-Out
End 1		
End 2		
End 3		
End 4		
End 5		
End 6		
End 7		
End 8		
End 9		
End 10		

Team:		
Actual Clock Time at the completion of end:		Time-Out
End 1		
End 2		
End 3		
End 4		
End 5		
End 6		
End 7		
End 8		
End 9		
End 10		

End 11		
End 12		

End 11		
End 12		

Notes: _____

Timer: _____ Signature: _____

COMPETITION: _____

DATE / LOCATION: _____

GAME TIMING FORM

SHEET: _____

MEN: WOMEN: MIXED:

DATE: _____

TIME: _____

Team:		
Actual Clock Time at the completion of:		Time-out
End 1		
End 2		
End 3		
End 4		
End 5		
End 6		
End 7		
End 8		

Team:		
Actual Clock Time at the completion of:		Time-out
End 1		
End 2		
End 3		
End 4		
End 5		
End 6		
End 7		
End 8		

End 9		
End 10		

End 9		
End 10		

Notes: _____

Timer: _____ Signature: _____

COMPETITION: _____

DATE / LOCATION: _____

PLAY-OFF GAME INFORMATION

TEAM: _____ MEN: WOMEN: MIXED:

GAME BEING PLAYED: _____

GAME INFORMATION:

DATE OF GAME: _____

GAME TIME: _____

GAME SHEET: _____

TEAMS: _____ V _____

LAST STONE 1ST END: _____

STONE SELECTION: DARK: _____ LIGHT: _____

PRACTICE TIME(S): _____

MINIMUM ENDS TO BE PLAYED: _____

ANY SPECIAL PRE- OR POST-GAME ACTIVITIES: _____

END OF THE GAME PROCEDURES: _____

PAGE PLAY-OFF GAMES SUMMARY

1 v 2 _____ v _____
Ist Choice: _____ Day & Time: _____
Ice: _____ Last stone Ist end: _____
RED _____ YELLOW _____

3 v 4 _____ v _____
Ist Choice: _____ Day & Time: _____
Ice: _____ Last stone Ist end: _____
RED _____ YELLOW _____

SEMI-FINAL _____ v _____
Ist Choice: _____ Day & Time: _____
Ice: _____ Last stone Ist end: _____
RED _____ YELLOW _____

BRONZE _____ v _____
Ist Choice: _____ Day & Time: _____
Ice: _____ Last stone Ist end: _____
RED _____ YELLOW _____

GOLD _____ v _____
Ist Choice: _____ Day & Time: _____
Ice: _____ Last stone Ist end: _____
RED _____ YELLOW _____

COMPETITION: _____

DATE / LOCATION: _____

STONE SELECTION

TEAM: _____ MEN: WOMEN: MIXED:

GAME: _____

DATE: _____ TIME: _____ ICE: _____

STONE COLOUR: _____

SELECTED FROM SHEETS: _____ or _____ or _____ or _____ or _____

Stone Selection	From Sheet	Stone Number
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
Reserve		

TEAM'S SIGNATURE: _____

NOTE:

The Chief Umpire will designate the sheets from which the stones may be selected.

Stone handles may not be changed from one stone to another stone.

This form has to be handed to the Chief Umpire a minimum of 15 minutes prior to the start of the first pre-game practice.

STONES CHECKED BEFORE START OF PRE-GAME PRACTICE

TEAM'S SIGNATURE: _____

COMPETITION: _____

DATE / LOCATION: _____

STONE SELECTION

TEAM: _____

GAME: _____

DATE: _____ TIME: _____ ICE: _____

STONE COLOUR: _____

SELECTED FROM SHEETS: _____ or _____ or _____ or _____ or _____

Stone Selection	From Sheet	Stone Number
1.		
2.		
3.		
4.		
5.		
6.		

TEAM'S SIGNATURE: _____

NOTE:

The Chief Umpire will designate the sheets from which the stones may be selected.

Stone handles may not be changed from one stone to another stone.

This form has to be handed to the Chief Umpire a minimum of 15 minutes prior to the start of the first pre-game practice.

STONES CHECKED BEFORE START OF PRE-GAME PRACTICE

TEAM'S SIGNATURE: _____

COMPETITION: _____

DATE / LOCATION: _____

STONE FEEDBACK FORM

The World Curling Federation is currently working to optimise the stone sets which are used at their Events. To be able to try and get the best possible sets, the feedback of the participating teams is requested and will be treated in the strictest confidence.

TEAM: _____

Sheet	Stone #	Colour	Problems with a stone: please give as much detail as possible

**T
H
A
N
K
Y
O
U**

Please return to:
The Chief Umpire or the WCF Technical

COMPETITION: _____

DATE / LOCATION: _____

TEAM PLAYING UNIFORMS

MEN:

WOMEN:

MIXED:

TEAM	Colour of DARK Jacket	Colour of DARK Shirt	Colour of LIGHT Jacket	Colour of LIGHT Shirt

Umpire: _____ Date: _____

COMPETITION: _____

DATE / LOCATION: _____

ORDER OF DELIVERY

END	DARK STONES	LIGHT STONES
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Mark **M** = Male

Mark **F** = Female

Umpire: _____ Date: _____

Wheelchair - Stone Selection

TEAM		RED	TEAM		YELLOW
	R/L			R/L	
1st Player Stone - 1			1st Player Stone - 1		
1st Player Stone - 2			1st Player Stone - 2		
2nd Player Stone - 1			2nd Player Stone - 1		
2nd Player Stone - 2			2nd Player Stone - 2		
3rd Player Stone - 1			3rd Player Stone - 1		
3rd Player Stone - 2			3rd Player Stone - 2		
4th Player Stone - 1			4th Player Stone - 1		
4th Player Stone - 2			4th Player Stone - 2		

EVENT: _____

OFFICIATING REPORT SHEET

DATE & DRAW:		
SHEET & GENDER:		
NAME OF UMPIRE/OFFICIAL:		
	RED STONES	YELLOW STONES
TEAM		
LSD		
LAST STONE FIRST END		
FINAL SCORE		
NUMBER OF ENDS PLAYED		
TEAM TIME OUT (end & stone #)		
TIME REMAINING END OF GAME		
MEASURES/DECISIONS (include whether FGZ, biter, shot, 2nd shot, etc.)		
OFFICIAL'S TIME OUTS (reason + end & stone #)		
HOGLINE VIOLATIONS (end & stone #)		
FGZ VIOLATIONS (end & stone #)		
HANDLE MALFUNCTION (end & stone # with 'outcome')		
TOUCHED RUNNING STONE (end & stone # with 'outcome')		
DISPLACED STATIONARY STONE (end & stone # with 'outcome')		
WRONG COLOUR DELIVERED (end & stone # with 'outcome')		
DRESS CODE VIOLATIONS		
OTHER RULINGS/ COMMENTS/INCIDENTS (end & stone # if applicable)		

EVENT: _____

DATE: _____

OFFICIATING SUMMARY SHEET

	NUMBER	DETAIL
MEASURES (include whether FGZ, biter, shot, 2nd shot, etc.) & DECISION		___ v ___ - draw # - end - stone
HOGLINE VIOLATIONS		
FGZ VIOLATIONS		
TOUCHED RUNNING STONE		
DISPLACED STATIONARY STONE		
WRONG COLOUR THROWN		
DRESS CODE VIOLATIONS		___ v ___ - draw # - end - athlete
HANDLE MALFUNCTION		___ v ___ - draw # - end - stone # colour - outcome:

COMPETITION: _____

DATE / LOCATION: _____

EVENING PRACTICE SCHEDULE **(PRE-ALLOCATED)**

Date	Time	Sheet A	Sheet B	Sheet C	Sheet D
	0-10 min.				
	10-20 min.				
	20-30 min.				
	30-40 min.				
	40-50 min.				
	50-60 min.				
	0-10 min.				
	10-20 min.				
	20-30 min.				
	30-40 min.				
	40-50 min.				
	50-60 min.				
	0-10 min.				
	10-20 min.				
	20-30 min.				
	30-40 min.				
	40-50 min.				
	50-60 min.				
	0-10 min.				
	10-20 min.				
	20-30 min.				
	30-40 min.				
	40-50 min.				
	50-60 min.				

COMPETITION: _____

DATE / LOCATION: _____

EVENING PRACTICE - GUIDELINES **(PRE-ALLOCATED)**

First practice session starts approx. 5 minutes after the end of the last game of the day.

1. Each practice session is to be used only by the team to whom it has been assigned.
2. If a session is not being used, the next team assigned to that sheet may use that time slot instead of the one to which they were originally assigned.
3. Teams may use the sheets only for the number of times they will play the next day – if they play once, they will have only one practice session even if there are sessions to which no team is assigned.
4. If a team does not want to use their practice session(s), please inform the officials.

COMPETITION: _____

DATE / LOCATION: _____

PROCEDURE

EVENING PRACTICE DURING ROUND ROBIN

Start time:

- Approximately 5 minutes after the last game of the day, as soon as the Ice Technician finishes cleaning and pebbling the slide paths.
- Only during the round robin portion of the draw. For teams in tie-breakers or playoff games, the practice times will be decided by the Chief Umpire.

Practice Length:

- 4 sessions - 15 minutes each (10 minutes for Mixed Doubles).

Ice access criteria:

- The only persons permitted in the Field of Play for these practices will be the players, the team coach, and a maximum of one other team official or translator (maximum of 7 people), all in proper uniform.
- No person may participate in more than 2 sessions per evening.

Practice schedule:

- Posted by the Chief Umpire at _____ hrs.

At _____ hrs:

- Teams may reserve 1 session on any sheet.
- Teams may reserve a combined men and women's session, but this joint practice will count as one full training session for both genders.

At _____ hrs:

- Teams may reserve a 2nd session.
- No team may practice on the same sheet twice on the same evening.
- An Association may not reserve 2 consecutive sessions on the same sheet.

At _____ hrs:

- Reservation list comes down and no more sheets can be booked.

Team Penalty for failure to use a reserved practice session:

Reservations for that team may not be made until _____ hrs each day.

EVENING PRACTICE BOOKING FORM

COMPETITION: _____

DATE: _____

TIME	SHEET A	SHEET B	SHEET C	SHEET D
<p><u>SESSION # 1</u></p> <p>START: 5 minutes after the end of the last game</p>	<p>Men <input type="checkbox"/> Women <input type="checkbox"/></p> <p>TEAM:</p>	<p>Men <input type="checkbox"/> Women <input type="checkbox"/></p> <p>TEAM:</p>	<p>Men <input type="checkbox"/> Women <input type="checkbox"/></p> <p>TEAM:</p>	<p>Men <input type="checkbox"/> Women <input type="checkbox"/></p> <p>TEAM:</p>
<p><u>SESSION # 2</u></p> <p>START: 20 minutes after the end of the last game</p>	<p>Men <input type="checkbox"/> Women <input type="checkbox"/></p> <p>TEAM:</p>	<p>Men <input type="checkbox"/> Women <input type="checkbox"/></p> <p>TEAM:</p>	<p>Men <input type="checkbox"/> Women <input type="checkbox"/></p> <p>TEAM:</p>	<p>Men <input type="checkbox"/> Women <input type="checkbox"/></p> <p>TEAM:</p>
<p><u>SESSION # 3</u></p> <p>START: 35 minutes after the end of the last game</p>	<p>Men <input type="checkbox"/> Women <input type="checkbox"/></p> <p>TEAM:</p>	<p>Men <input type="checkbox"/> Women <input type="checkbox"/></p> <p>TEAM:</p>	<p>Men <input type="checkbox"/> Women <input type="checkbox"/></p> <p>TEAM:</p>	<p>Men <input type="checkbox"/> Women <input type="checkbox"/></p> <p>TEAM:</p>
<p><u>SESSION # 4</u></p> <p>START: 50 minutes after the end of the last game</p>	<p>Men <input type="checkbox"/> Women <input type="checkbox"/></p> <p>TEAM:</p>	<p>Men <input type="checkbox"/> Women <input type="checkbox"/></p> <p>TEAM:</p>	<p>Men <input type="checkbox"/> Women <input type="checkbox"/></p> <p>TEAM:</p>	<p>Men <input type="checkbox"/> Women <input type="checkbox"/></p> <p>TEAM:</p>

Each practice session is 15 minutes. Please indicate your Association (3 letter code) as well as Men and/or Women.

EVENING PRACTICE BOOKING FORM

COMPETITION: _____ DATE: _____

TIME	SHEET A	SHEET B	SHEET C	SHEET D	SHEET E
<u>SESSION # 1</u> START: 5 minutes after the end of the last game	Men <input type="checkbox"/> Women <input type="checkbox"/> TEAM:	Men <input type="checkbox"/> Women <input type="checkbox"/> TEAM:	Men <input type="checkbox"/> Women <input type="checkbox"/> TEAM:	Men <input type="checkbox"/> Women <input type="checkbox"/> TEAM:	Men <input type="checkbox"/> Women <input type="checkbox"/> TEAM:
<u>SESSION # 2</u> START: 20 minutes after the end of the last game	Men <input type="checkbox"/> Women <input type="checkbox"/> TEAM:	Men <input type="checkbox"/> Women <input type="checkbox"/> TEAM:	Men <input type="checkbox"/> Women <input type="checkbox"/> TEAM:	Men <input type="checkbox"/> Women <input type="checkbox"/> TEAM:	Men <input type="checkbox"/> Women <input type="checkbox"/> TEAM:
<u>SESSION # 3</u> START: 35 minutes after the end of the last game	Men <input type="checkbox"/> Women <input type="checkbox"/> TEAM:	Men <input type="checkbox"/> Women <input type="checkbox"/> TEAM:	Men <input type="checkbox"/> Women <input type="checkbox"/> TEAM:	Men <input type="checkbox"/> Women <input type="checkbox"/> TEAM:	Men <input type="checkbox"/> Women <input type="checkbox"/> TEAM:
<u>SESSION # 4</u> START: 50 minutes after the end of the last game	Men <input type="checkbox"/> Women <input type="checkbox"/> TEAM:	Men <input type="checkbox"/> Women <input type="checkbox"/> TEAM:	Men <input type="checkbox"/> Women <input type="checkbox"/> TEAM:	Men <input type="checkbox"/> Women <input type="checkbox"/> TEAM:	Men <input type="checkbox"/> Women <input type="checkbox"/> TEAM:

Each practice session is 15 minutes. Please indicate your Association (3 letter code) as well as Men and/or Women.

HOG LINE VIOLATION FORM

COMPETITION: _____

DATE: _____ TIME: _____

Ice	Team	Player	End 1	End 2	End 3	End 4	End 5	End 6	End 7	End 8	End 9	End 10	End 11	End 12	Score
		1.													
		2.													
		3.													
		4.													
		1.													
		2.													
		3.													
		4.													
Ice	Team	Player	End 1	End 2	End 3	End 4	End 5	End 6	End 7	End 8	End 9	End 10	End 11	End 12	Score
		1.													
		2.													
		3.													
		4.													
		1.													
		2.													
		3.													
		4.													

OK - ✓

CLOSE - /

HOG LINE VIOLATION - X

NOT PLAYED - O

OFFICIAL: _____

SIGNATURE: _____

COMPETITION: _____

DATE / LOCATION: _____

COACH BENCH SEATING SUMMARY

MEN: WOMEN: MIXED:

Team	1st Team Official	2nd Team Official	Alternate Player

COMPETITION: _____

DATE / LOCATION: _____

COACH BENCH SEATING SUMMARY

Team	Team Official	2nd Team Official / Translator

The Placing-Point we are using for this draw is:

