

please return completed form to:
katrina.drummond@sisport.com

Application for Scotland Wheelchair Curling Team WWhCC 2019

Personal Information

Full Name:			
Address 1:			
Address 2:			
Address 3:		Postcode:	
Home Phone:		Mobile Phone:	
Email:			
Date of Birth:		Age:	
Curling Club:		Year started curling:	

Eligibility

Scottish Curling Membership:	Yes	No	Scottish Curling Membership No:		
British Passport Holder:	Yes	No	Passport Expiry Date:		
Are you eligible under World Curling Federation rules?				Yes	No
Be eligible under Scottish Curling rules?				Yes	No
Have you previously undergone the international classification process for wheelchair curling?				Yes	No
<ul style="list-style-type: none"> • If yes, what class? 				WC-E Wheelchair Curling Eligible	WC-NE Wheelchair Curling Non-Eligible
<ul style="list-style-type: none"> • If yes, what status? 				Confirmed	Review
Are you of a level of fitness and health to be able to travel and compete competitively?				Yes	No
Do you have any pending doping offences or are you currently serving a doping ban?				Yes	No
If yes please detail below:					

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Supporting Statement (please detail any other info that may be useful to selectors)