



Canadian Institute of Plumbing & Heating
L'Institut canadien de plomberie et de chauffage

A National Voice with Regional Roots | Une histoire régionale, une voix nationale

CIPH BC Region

UNDER 40'S CIPH BC Region Event

CIPH BC REGION INVITES YOU TO JOIN US AT OUR EXCITING SOCIAL EVENT!



**YES - Under 40s special
CURLING event!**

Join Us!

- To develop a sense of community within your industry organization
- A platform for Yes members to contribute input towards shaping the future of our industry
- To provide a sense of ownership in the growth and evolution of a Yes Sub-committee
- Gain an understanding of the role CIPH plays within our industry (What does CIPH do for you!?)
- Networking with fellow industry professionals

OPEN TO U40 CIPH MEMBERS AND THEIR GUESTS

WHEN: Friday, February 22nd, 2019

TIMES: 4:30 p.m. Start Time (please arrive on time)

WHAT: You will learn how to slide and release the rock, how to sweep and play the game. Social / Appetizers will be served / Prizes

LOCATION: The Royal City Curling Club / 75 East 6th Avenue, New Westminster, BC

- 4:30 – 5:00 Arrive and get organized into teams/sheets – get grippers and brooms and have a quick game strategy review (downstairs)
- 5:00 – 5:20 How to slide and release the rock
- 5:20 – 5:30 How to sweep
- 5:30-7:00 Play a game
- 7:00 **Social Time in the lounge!** Appetizers Served (**CASH BAR!**)

(The trades league has a 50/50 draw \$5/5 tickets)

Please complete and fax this form by **February 18th** to:

Kathryn Kubossek, CIPH BC Region Office
Fax: 604-594-5091 or e-mail bc@ciph.com

Name: _____ Title: _____

CANCELLATIONS: By February 19th for full refund and no penalty

\$45.00 per person Enter a team of 4 or we will place you in a team of 4

Name of all attendees: **PLEASE PRINT CLEARLY FOR NAME BADGE PURPOSES**

NAME	COMPANY NAME

Total: \$ _____

PAYMENT METHOD: [On-Line at CIPH BC Region](#)

Cheque or M/O payable to CIPH BC Region (CHEQUE MUST BE RECEIVED PRIOR TO **February 22**).

Mail your cheque & form to: CIPH BC, PO Box 73105, Evergreen RO V3R 0J2

Credit Card – Fax or mail to office: Visa Mastercard

Receipts will be e-mailed to the registrant's attention

Expiry Date: Month _____ Year _____

CVV _____

(3 digits on back of credit card)

Credit Card
Number

Cardholder's
Name: _____

Cardholder's
Signature: _____