2.8 Athlete and Brush Pad Information Form

Name of Athlete:	
Member Association:	
Position in Team:	
Event:	
Date:	
Draw / Game:	
Manufacturer:	
Product Code:	
Number of Games Used:	
Reason for selection:	
Signature of Athlete:	
Confirmation of form being signed by athlete	
Signature of Scottish Curling Official & their capacity	