



Arlington Curling Club

Youth Curling Registration Form

2018-2019 Season

Last Name: _____ First Name: _____

Address: _____ City/Zip Code: _____

E-mail: _____

Date of Birth: Mo. ____ Day ____ Year _____

Curling Experience:

Years curled _____

Played last season at _____

Parent(s) / Guardian _____ Phone # _____

Are you able to assist on the ice? Yes No

Details:

*Held at Arlington Curling Club, 207 Pierce Street, Arlington WI

*Sundays, December 2, 9, 16, January 6, 13, 20, February 3, 17 (8 Weeks)

*12:00 p.m. – 1:00 p.m.

*\$25.00 fee

*Questions, please contact Andy Lovick (695-0643), Nate Phillips (279-9499), or Carrie Breunig (220-4668)

*You can fill this out and bring it on the first day, or mail it in advance to:

Nate Phillips, 600 Santa Maria Drive, Arlington, WI 53911