



# Arlington Curling Club

## Youth Curling Registration Form

### 2016-2017 Season

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth: Day \_\_\_\_ Month \_\_\_\_ Year \_\_\_\_\_

Curling Experience:

Years curled \_\_\_\_\_

Played last season at \_\_\_\_\_

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Parent(s) / Guardian \_\_\_\_\_ Phone # \_\_\_\_\_

Are you able to assist on the ice?      Yes      No

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#### **Details:**

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

\*Sundays, December 4, 11, 18, January 8, 15, 22, February 5, 12 (8 Weeks)

\*12:00 p.m. – 1:00 p.m.

\*\$25.00 fee

\*Questions, please contact Andy Lovick, Nate Phillips (608-279-9499), or Carrie Breunig (608-220-4668)

\*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