

Arlington Curling Club  
Youth Curling Registration Form

2019-2020 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 1, 8, 15, 22, 29, January 5 (6 Weeks)
- \*12:00 p.m. – 1:00 p.m.
- \*FREE
- \*Questions, please contact Andy Lovick (695-0643) or Nate Phillips (279 - 9499)
- \*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