Kettle Moraine Curling School

Junior Curling Registration Form

Name _____ Female ❑ Male ❑
Address _____ Age _____
City _____ State ____ Zip _____
Phone_____Email_____
School Attending _____ Grade ____
Date of Birth ____/____/_____ Curling Experience _____
Parent/Guardian _____
Phone _____ Email_____
Parent/Guardian _____
Phone _____ Email _____

For ALL curlers, a WAIVER must be on file at Kettle Moraine Curling Club

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