



Kettle Moraine Curling Club



LEAGUE SIGNUP FORMS

Mixed Curling

Name: _____

Email: _____

Spouse/Partner: _____

Email: _____

____ **Oakwood Event** (Fridays, 2 shifts: 6:30pm & 8:30pm - begins November 4th)

____ I/We would like to curl on an Open Rink. Preferred position(s):

Willing to curl with New Curlers: ___ Yes ___ No

____ We would like to curl as a team: (all Team Members should submit same request)

Skip: _____

Third: _____

Second: _____

Lead: _____

____ Available to Substitute

____ **Saturday Mixed Event**, 2 shifts: 5:00pm & 8:15pm - begins November 5th)

____ I/We would like to curl on an Open Rink. Preferred position(s):

Willing to curl with New Curlers: ___ Yes ___ No

____ We would like to curl as a team: (all Team Members should submit same request)

Skip: _____

Third: _____

Second: _____

Lead: _____

____ Available to Substitute

Comments: _____

Mail Completed Forms to: Kettle Moraine Curling Club
PO Box 244
2630 Oakwood Road
Hartland, WI 53029



Kettle Moraine Curling Club



LEAGUE SIGNUP FORMS

Men's Curling:

Name: _____

Email: _____

_____ **Wisconsin Event** (Mondays, 2 shifts: 6:15pm & 8:30pm - begins November 7th)

I would like to curl as a: _____ Permanent Team Member _____ Substitute

Last Position Played: _____

Please Place the following New Member on my Rink:

_____ I am/would like to be a Skip Emeritus: _____ Preferred Position:

_____ **Biersach Event** (Wednesdays, 2 shifts: 6:15pm & 8:30pm-begins November 2nd)

Skip: _____

Third: _____

Second: _____

Lead: _____

Fifth: _____

Comments/Notes:

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LEAGUE SIGNUP FORMS

Women's Curling

Name: _____

Email: _____

____ **Moonrocks Event** (Tuesdays, 6:30pm - Nov 1st is the draft and curling begins on Nov 8th)

I would like to curl as a: Permanent Team Member: ____ Substitute ____

First Choice Position: _____ Second Choice

Position: _____

Last Position Played: _____

____ **Kettles Open Event** (Thursdays, 9:30am - begins November 3th)

____ We would like to curl as a team: (all Team Members should submit same request)

Skip: _____

Third: _____

Second: _____

Lead: _____

____ I would like to be placed on an open rink.

Preferred Position(s): _____

____ Available to substitute

____ I plan to participate in the Thursday daytime All-American Event beginning in mid-February

____ **Night Owl Event** (Tuesdays, 6:30pm - begins January 10th)

I would like to curl as a: Permanent Team Member: ____ Substitute ____

First Choice Position: _____ Second Choice

Position: _____

Last Position Played: _____

____ I plan to participate in the Tuesday evening All-American Event beginning in mid-February

I would like to help as an: ____ Instructor and/or ____ Mentor

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Thursday Night Open Curling

Name: _____

Email: _____

____ Thursday Night Open Event (Thursdays, 6:30pm - begins November 3th)

____ I would like to curl on an Open Rink.

Preferred

Position(s): _____

We would like to curl as a team:

Skip: _____

Third: _____

Second: _____

Lead: _____

Comments/Notes:

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Kettle Moraine Curling Club



Junior Curling

Parent Name: _____

Email: _____

Junior Curling (Sunday Afternoon – begins November 6th)

Participants:

Address:

Date(s) of Birth:

Comments/Notes:

Release of Liability – I, the undersigned, acknowledge and agree that the risk of injury from activities involved is significant; and I knowingly and freely assume all such risks and I for myself; and in behalf of my heirs hereby release and hold harmless the Kettle Moraine Curling Club, their officers, members, volunteer instructors and any persons involved with this event / class, with respect to any and all injury or loss, or damage to person or property; to the fullest extent permitted by law. I have read this release of liability, fully understand its terms and sign it freely.

Child's Name _____ Date _____

Parental/Guardian Signature (if under 18 years)

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