AFTER SCHOOL CURLING PROGRAM
GRADES 4-8
2009/10 Registration Form

Child Name: _____ M___ F____ Age: _____ Grade: _____

Address: _____ DOB __ /___/___
M D Y

Parent/Guardian Name: _____Phone _____

Curling Experience: No_____ Yes _____ if yes, # of Years _____

Personal Health I.D.# _____Family Registration #_____

Doctor's Name: _____ Phone _____

Allergies: _____

Emergency Contact – Name _____Phone_____

Cost for the 2009/10 After School Curling Program is **$50.00**
Cheques to be made payable to "**Beausejour Junior Curling**"

Your child will receive curling instructions from a Curling Coach, with several junior assistant coaches on the ice every week. However parent volunteers would be greatly appreciated for supervision on the ice. (Locker rentals, contact Evelyn at 268-3023)

Contact Debbie Strecker (268-3993) or Susan Yusishen (265-3357) for further information.

After School Curling Program Schedule for 2009/10

Will be on **every Monday** at 3:45p.m.; starting on November 23, 2009 and ending March 8, 2010; except for the following

NO curling dates: December 21 2009
December 28, 2009
February 15, 2010