



Lake Placid Curling Club
Learn to Curl Program



Name: _____
(PLEASE PRINT)

Address: _____

Telephone Numbers:

Home: _____

Cell: _____

Email Address: _____

PLEASE DO NOT FILL THIS SECTION OUT

___ Waiver Signed Date _____

___ Payment Received Check # _____ ___ Cash

___ Paypal Payment Amount Paid \$ _____

Notes: