



ST. LOUIS CURLING CLUB

133 Echo Lake Circle, Byrnes Mill, MO 63025
stlouiscurlingclub.org • info@stlouiscurlingclub.org

Membership Form

PERSONAL INFORMATION

NAME:		
STREET ADDRESS:		
CITY:	STATE:	ZIP:
HOME PHONE:	CELL PHONE:	
EMAIL:		OK TO TEXT?

Allow my contact information to be shared with other SLCC members (for finding subs)

ADDITIONAL FAMILY MEMBERS JOINING (non-family members should complete a separate form)

NAME:	EMAIL:
NAME:	EMAIL:
NAME:	EMAIL:
NAME:	EMAIL:

NAME TAG

Name as you wish for it to appear on your name tag:

EMERGENCY CONTACT INFORMATION

NAME:		
STREET ADDRESS:		
CITY:	STATE:	ZIP:
HOME PHONE:	CELL PHONE:	
RELATIONSHIP:		

CURLING EXPERIENCE?

None 1 year or less 2-5 years More than 5 years

Mail form and check (made out to St. Louis Curling Club) to:

Cathy Kromer, SLCC Secretary

5330 Chippewa St.

St. Louis, MO, 63109

Office use: Check No _____	Amount \$ _____	Date Rec'd _____
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The St. Louis Curling Club is a 501(c)(3) organization and curls at the Creve Coeur Ice Rink.
11400 Olde Cabin Rd, St Louis, MO 63141