

MADISON CURLING CLUB'S
INAUGURAL
FROZEN FIVE & UNDER BONSPIEL
JANUARY 25-27, 2019

Entry Fee: **\$300 (includes sales tax)**

This is an *open* format spiel & a great chance to bring out new curlers to their first spiel!

Team Contact: _____ Home Club: _____
Address: _____ Skip: _____
City, State: _____ ZIP: _____ Vice-Skip: _____
Phone (_____) _____ Second: _____
E-Mail: _____ Lead: _____

Please read carefully: First draw preferences are based on full 32 team bracket. **Please indicate your preferred first and second draw times below. All draws start on Friday, January 25th.** I try to honor all requests, but there are no guarantees. *The earlier you get your entry in, the better your chances of getting your first choice draw time.*

Friday Draw Time: 4:00 PM | 6:15 PM | 8:30 PM

1st choice _____

2nd choice _____

Lodging: A block of rooms is reserved at the MainStay Suites, which is just around the corner from the curling club, mention "Frozen Five" to receive the bonspiel room rate (book before January 4):

MainStay Suites
4802 Tradewinds Pkwy
(608) 221-8100

Reserve Online: <https://www.choicehotels.com/reservations/groups/CT50E9>

Mail Registration, Eligibility Form, and Entry Fee (\$300, includes sales tax) to:

Checks Payable to *Madison Curling Club*

Lauren Leckwee
5050 Siggelkow Rd. 201
Madison, WI 53718
MCCFrozenFive@gmail.com | (608) 617-4992

We hope you can join us for this inaugural bonspiel! Good curling!

MADISON CURLING CLUB, 4802 Marsh Rd, McFarland, WI

www.madisoncurlingclub.com



BONSPIEL ELIGIBILITY FORM

JANUARY 25-27, 2019

This Verification Form needs to be completed and signed by the Team Contact and submitted with the entry form for the Frozen Five Bonspiel.

Skip: _____

Years of curling: _____ Club: _____

Vice-Skip: _____

Years of curling: _____ Club (if different): _____

Second: _____

Years of curling: _____ Club (if different): _____

Lead: _____

Years of curling: _____ Club (if different): _____

Single Entry

Name: _____ Position: _____

Years of curling: _____ Club: _____

Phone number: _____ E-mail: _____

I, _____ [Team Contact] verify that the individual(s) listed above have each curled less than five (5) years or are currently in their fifth (5th) year and are qualified to participate in the Frozen Five Bonspiel.

Signature

Date

This is not a USWCA sponsored event and does not require a signature from the club(s) officer. Any discrepancies will be evaluated by the bonspiel chair. Lying on the eligibility form may result in your team being disqualified

Good curling!

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