



United States Women's Curling Association

All-American Event Application Form

20_____ to 20_____

_____ Yes, our club will participate in the All-American

_____ Our club will be holding two All-American Events

_____ No, our club will not participate this year

If not, why: _____

Club: _____

Area: East Central Wisconsin West I West II

I will verify that all participants are current members of USWCA and that all teams shall be composed of at least 4 members.

(Signature of USWCA Club Representative)

Event Dates: _____

Pins will be picked up at the Fall or Winter Meeting.

If you are unable to make the meetings or need the pins sooner please complete mailing information. Pins should be mailed to:

Name: _____

Address: _____

_____ Phone _____

Return application to The All-American Chairperson via mail (check USWCA directory) or email to gunga@nycap.rr.com

Thank you.

Gloria Marino, All-American Chair