United States Women’s Curling Association

USWCA 5-Year and Under Bonspiel Eligibility Form

This Verification Form needs to be completed and signed by an officer of the club(s) shown below and submitted as the entry form for the Open 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):____________________

Team Contact Person: ________________________________

Phone number: ____________  E-Mail: ________________________________

**Single Entry**

Name: ________________________________  Position: ____________

Years of curling: ____________  Club: __________________________

Address: ________________________________

City State Zip: ________________________________

Phone number: ____________  E-Mail: ________________________________

This is to verify that the individual(s) listed above have each curled five (5) years or less and are qualified to participate in the Five Year and Under Open Bonspiel.

________________________________________
(Signature. Title and Club Date)

________________________________________
(Club Officer or USWCA Rep)