



Brainerd Lakes Curling Association

Event Request Form

Return to: BLCA, PO Box 361, Brainerd, MN 56401 or
brainerdlakescurling@gmail.com

Office Use Only

Paid _____

Check # _____

Initials _____

Date _____

Contact Person: _____ Date of Event: _____

Address _____

Home Phone _____ Cell Phone _____

E-Mail _____ Number of People Attending _____

Type of Event:

Fees Due

Large Group: Over 16 people

\$ _____

Adult Curling Event - \$200/hr; 2 hr minimum ice time
(Includes Instruction and 1 hr Social Area)
_____ hrs requested

\$ _____

Small Group: Up to 8 people - \$100 OR

\$ _____

Small Group: 9 Adult/Youth Curling Event (Includes instruction, plus 1 hour Social Area-16 people - \$200- 2 hrs ice time)

School/Church/Non-Profit Groups:

\$ _____

E-mail for Rate Information Rent Social Area Only

\$ _____

\$125/Half Day (4 hrs) OR \$250/Full Day (8 hrs)

TOTAL AMOUNT DUE FOR EVENT:

\$ _____

DEPOSIT OF \$100 DUE AT TIME OF RESERVATION:

-\$ _____

(Checks payable to BLCA)

BALANCE DUE ON DATE OF EVENT:

\$ _____

PLEASE INDICATE THE SERVICES YOU WILL NEED

CURLING INSTRUCTOR(S)

FULL BAR SERVICE – We accept credit cards for concessions purchases

Additional Notes: _____

DATE _____ SIGNATURE _____

BLCA STAFF TO OVERSEE EVENT:

Concessions: _____ Ice Maint: _____

Bartender: _____ Instructor(s): _____

Registration Table: _____ BLCA Member who set up event: _____

Contact us: www.brainerdcurling.org

brainerdlakescurling@gmail.com