

**WHEELCHAIR CURLING ATHLETE IDENTIFICATION CAMP
TRIANGLE CURLING CLUB
2310 SO-HI DRIVE, DURHAM
APRIL 9 – 11, 2025**

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: _____

E-MAIL: _____

GENDER: _____

DATE OF BIRTH: _____

DISABILITY TYPE/LEVEL: _____

MANUAL OR POWER WHEELCHAIR: _____

PARALYMPIC OR HIGH-PERFORMANCE SPORT EXPERIENCE: _____

FOOD ALLERGIES: _____

ARE YOU A VETERAN OF THE ARMED FORCES: _____

***PLEASE RETURN TO MARC DEPERNO AT marc.deperno@usacurling.org**

