

Ontario Curling Association Ice Team Club Visit Report



Name of Club: _____

Name of Visiting Ice Team Member: _____

Date of Visit: _____

Visit Conducted with: _____

(List names of people – ex. Board Members, Ice Tech in attendance)

Ice Shed:

Plant:

Equipment:

Maintenance – Start/Stop/Continue:

Club’s Original Concern

Recommended Actions:

Signature of Ice Team Member: _____ **Date:** _____