

REGISTRATION:

Parent(s) Name: _____

Wrestler: _____

Age: _____ Height: _____ Weight: _____

School: _____ Grade: _____

Home Street Address: _____

City: _____ State: _____ Zip _____

Home Phone :(____) _____ Parent' Cell :(____) _____

Wrestler's Cell :(____) _____ Other Number (____) _____

Email address _____