

2010 HIFLYER WRESTLING CLUB SIGN UP FORM

Wrestlers Name _____ Approx. Weight _____ Age _____

Birth date (mo/day/yr) ___/___/___ High School you will Attend _____

Mailing Address _____ City _____ Zipcode _____

E-mail Address (Print Clearly) _____

Parents Names _____

Address if different _____

Primary Training Site (circle one): STMA High School or Minnetonka High School

Home Phone _____ Cell Phone _____ Work Phone _____

Form of Payment (\$100) _____ Check _____ Cash USA Card \$31 _____ Amount of Payment \$ _____

Fees are \$100 per wrestler (\$90 per child two or more from same family) USA card is mandatory for insurance

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