

**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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