2010 HIFLYER WRESTLING CLUB SIGN UP FORM

Wrestlers Name	A	pprox. 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 Scho			
Home Phone Cell Phone	,	Work Phone	
Form of Payment (\$100) Check Cash \text{ Cash \text{ V}}	USA Card \$31 A	mount of Payment	\$
Fees are \$100 per wrestler (\$90 per child two or more f	from same family) U	SA card is mandate	ory for insuran
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Parents Names			
Address if different			
Home Phone Cell Phone Form of Payment (\$100) Check Cash U		vv of K flione	
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