

TEAM REGISTRATION FORM

CLUB NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTACT PERSON _____ CONTACT PHONE NUMBER _____

PERSON TO PICK UP COACHES PASSES: _____ OR _____
 (MUST BE SAME AS ORIGINAL ENTRY FORM)

Wrestler's Name	Age Class	Wt Class
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____

***Be sure that you register your team at the same weight and age group as on your original entry form. If any conflicts arise the original entry form will prevail. These must be the same. A \$10 fee is required at the time of registration.*

I agree that all are on my team and not an All Star pickup. I understand that if they don't practice at least 2 times per week on my team that my whole team could be disqualified from all team competition.

 Print Name

 Date

 Signature