

Durham Wrestling Registration

Wrestlers Name: _____ Age: _____ Weight: _____ lbs

School Attending: _____ Grade: _____

Parent/Guardian: _____

Email Address: _____ D.O.B. _____

Address: _____ City: _____ Zip: _____

Home#: _____ Work#: _____ Cell#: _____

Additional person to contact in case of an emergency and if we are able unable to contact you:

Name: _____ Relationship: _____

Home#: _____ Work#: _____ Cell#: _____

\$100 (k-3rd grade) \$125 (4th-8th) must be paid before wrestler can practice:

	\$100/125	\$100
Items Paid:	Practice short/shirt	Event Fees for all Tournaments
	USA Wrestling insurance card	
Check# _____	_____	_____
Cash: _____	_____	_____
Sponsor: _____	_____	_____

Shirt Size _____

Short Size _____