

FLAT RIVER WRESTLING CLUB
ADVANCED TRAINING
Grades 3rd - 8th

2009 ~ 2010 Registration Info

Wrestlers Name _____ **DOB** _____

Address _____

City/State _____ **Zip** _____

Home Ph# _____ **Cell #** _____

Emergency Contact _____

Emergency Ph# _____

Parents Email _____ **Approx Weight** _____

School _____ **Grade** _____ **Age** _____

Flat River WC \$100 Membership Fee - Mail to:
Flat River WC c/o Rob Stehley 624 Amity St Lowell, Michigan 49331

Flat River Registration includes Nov-Apr 2009/2010 MYWA Membership. Please complete all information, wrestlers will be responsible for there own tournament fees, and any additional cost for travel team participation. All wrestlers participating in weekly MYWA Tournaments starting in January must make payment and indicate the designated tournament for participation by Thursday, the week of the specific MYWA Event. Payment must be dropped in the locked mail box in the Cherry Creek Wrestling Room.

Print Parent Name _____

Parent Signature _____

