

RENEGADE FORCE WRESTLING CLUB

REGISTRATION FORM

NAME: _____

PARENTS NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

AGE: _____ GRADE: _____ DOB: _____

WEIGHT: _____ LBS. HEIGHT: _____ FT. _____ IN.

SCHOOL ATTENDING: _____

HOW MANY YEARS WRESTLING: _____ USA CARD #: _____

HOME PHONE:(____)____-____ CELL:(____)____-____

FATHERS CELL:(____)____-____

MOTHERS WORK:(____)____-____

EMAIL FATHER: _____

EMAIL MOTHER: _____