

Application for CEWA

Wrestler: _____

Age: _____ Date of Birth _____

Weight: _____ Years Experience: _____ Grade _____

Address: _____

City: _____ State: _____ Zip: _____

Parent or Guardian: _____

Phone: () _____ Cell: () _____

Email: _____

High School _____

Folkstyle Record last year _____

Did you wrestle in the Post season? _____

T-shirt Size _____

USA CARD # _____

Wrestlers Signature _____

Parents/Guardian Sign. _____

How did you hear about us? Website _____ LJS paper _____ Friend _____
Coach _____ Other _____

_____ Fall Head Start session (Sunday) \$90.00

_____ Fall Head Start session (Both) \$160.00

_____ Fall Strength & Conditioning Session \$50.00

_____ Youth & Junior High Session \$200.00 (50.00 a month)

_____ Freestyle & Greco Session \$125.00

