

**Durango Wrestling Club
Wrestler Registration Form
2020**

Wrestler Information

First Name	Middle Name:	Last Name
Street Address:		
City:	State	Zip
City of Birth	State of Birth	
Home Number	Alt Number	
E-Mail Address		
Birth Date (Bring a COPY of Birth Certificate to Confirm)	Gender ____ Male ____ Female	Does your child have insurance? ____ Yes ____ No
Division: Circle one		
Div 1(2014-2015) Div 2(2012-2013) Div 3(2010-2011) Div 4(2008-2009) Div 5(2006-2007)		
Weight / Height	Shirt Size Youth <u> </u> S <u> </u> M <u> </u> L Adult <u> </u> S <u> </u> M <u> </u> L <u> </u> XL	

Parent Information

First Name	Middle Name:	Last Name
Street Address:		
City:	State	Zip
Home Number	Alt Number	
E-Mail Address		

Parent Information

First Name	Middle Name:	Last Name
Street Address:		
City:	State	Zip
Home Number	Alt Number	
E-Mail Address		

MEMBERSHIP FEE IS \$65 (\$55 FOR ADDITIONAL CHILDREN) PLUS \$8 WEIGH IN FEE FOR EACH TOURNAMENT (DUE AT TIME OF WEIGH IN)

PAID \$ _____ CASH _____ CHECK# _____ BIRTH CERTIFICATE = _____ YES _____ NO

SCHOLARSHIP= _____ YES; FREE/REDUCED LUNCH ELIGABLE= _____ YES _____ NO