

**Durango Wrestling Club
Wrestler Registration Form
2022**

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(2016-2017) Div 2(2014-2015) Div 3(2012-2013) Div 4(2010-2011) Div 5(2008-2009)		
Approx Weight		

Parent Information 1

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

Parent Information 2

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

MEMBERSHIP FEE IS \$75 (\$50 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 ELIGIBLE= _____ YES _____ NO