

OAK CREEK ATTACK

REGISTRATION FORM

WRESTLERS LAST NAME: _____ FIRST NAME: _____

PARENTS NAME: _____ PHONE #: _____

EMAIL ADDRESS: _____ CELL # _____

ADDRESS: _____ CITY: _____ ZIP: _____

WRESTLERS AGE: _____ GRADE: _____ BIRTH DATE: _____

WRESTLERS T-SHIRT SIZE: YM YL AS AM AL AXL T-SHIRT RECEIVED: YES or NO

SCHOOL: _____

IN AN EMERGENCY, CALL: _____ PHONE: _____

Signature of Parent/Guardian

Date

USA CARD #: _____

