Ramona Dawg Pound Youth Wrestling

24/25 Folkstyle Season Registration Form

Wrestler Information		
First Name	Middle Name	Last name
		Beginner Wrestler
DOB(MM/DD/YYYY)	MF Gender:	Returning Wrestler
DOB(MIM/DD/TTTT)	Gender.	
Allergies/Medical problems:		
Emergency Contact #1	Contract of the Contract of th	Phone
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Emergency Contact #2		Phone
Parent/Guardian Information	n	
First Name M.I	// []	Last Name Relation
Home Phone	Work Phone	Cell Phone
Email	- No	
First Name M.I	L	Last Name Relation
Home Phone	Work Phone	Cell Phone
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Email	- 1	
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Parents Signature		Date
Registration Fee \$150		
USA Card Received By		