



# EHS WRESTLING REGISTRATION FORM 2017-2018 SEASON

Wrestler's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Email: \_\_\_\_\_

Cell for Text Alerts: (C) \_\_\_\_\_

Mom/Guardian Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Which position can you help out with for Wrestling Boosters? \_\_\_\_\_

Dad/Guardian Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Which position can you help out with for Wrestling Boosters? \_\_\_\_\_

Previous wrestling experience: \_\_\_\_\_

Camp(s) attended over the summer: \_\_\_\_\_

Weight previously wrestled at: \_\_\_\_\_ Birthday \_\_\_\_\_

Wrestling TAX DEDUCTIBLE Donation: \$400.00 – Payable to: EHS Wrestling Boosters  
Want a payment plan? We're happy to work with you. Please visit our website, [EHSWrestles.com](http://EHSWrestles.com) or  
contact Treasurer, Amie Drotning at [EHSWrestlinggo@gmail.com](mailto:EHSWrestlinggo@gmail.com) for more details.

Check # \_\_\_\_\_ Amount: \_\_\_\_\_