

Registration Form
2009-2010 Wee Eagles Wrestling
La Donna Shalash- Director

Participant's Name: _____

Address: _____

List all parties emails that would like the weekly newsletter which will come only via email.

Email Address: _____

List all parties numbers that would like a one call which will include important information that may be last minute (ex. Practice being cancelled)

Telephone Number: _____

Parent/Guardian: _____

Grade: _____ **Age:** _____ **Birth Date:** _____

Years Wrestled: _____ **Approx.Weight:** _____

T-shirt Size: (circle one) YXS YS YM YL AS AM AL AXL

Short Size: (circle one) YXS YS YM YL AS AM AL AXL

Fee: \$100.00 Payable to Bellbrook Wee Eagles (non-refundable after season starts)

Yes _____ **No** _____ **Cash** _____ **Check Number** _____

Would parent/guardian be interested in being a coach? (circle one) Yes No

Parent/Guardian Signature _____ **Date** _____