



Hammer Wrestling School

REGISTRATION FORM

Name: _____

Email: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone: _____

Guardian Name / Phone: _____

Age / Grade: _____ Weight / Years Experience: _____

USA Card #: _____ T-Shirt Size: _____

***Must have USA Wrestling Card to participate.**

Please circle program:

Preseason - \$250 **attended 1 offseason session \$200 *attended 2 offseason sessions \$150*

My check is enclosed: \$ _____

Make check payable to: Hammer Wrestling

Mail payment to: Attn: Karl Bratland
North Central College
30 N Brainard St
Naperville, IL 60540