

LA CROSSE AREA WRESTLERS

Wrestler Application



WRESTLER INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone		E-mail Address	
Birth Date	Age	Circle One: Male	Female
Years Wrestling	School	Grade	
Approx. Weight	Previous Club(s)		

ADDITIONAL INFORMATION
How did you hear about LAW?
What are a few goals you and your wrestler have that you feel LAW can provide?

PARENT OR GUARDIAN NAME AND SIGNATURE	
Print Name	
Signature	Date

Please mail the completed form to:

LAW
ATTN: Christi Van Maanen
N2411 Briarwood Avenue
La Crosse, WI 54601

Someone will be in touch with you shortly after receiving the completed form in the mail.

INTERNAL USE ONLY	
<input type="checkbox"/> Contacted	<input type="checkbox"/> Registered for Information Night