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OFFICIAL USE ONLY

Milan Summer Wrestling Registration Form

Name: _____

Address: _____ City: _____ State: _____

Zip: _____ Home Phone: _____

School you attend: _____ 2010-2011 School Year Grade: _____

Present Weight: _____ Age: _____ E-Mail: _____

I understand and agree that the big red training center director, and anyone connected with the center assume no responsibility for accidents, injuries, medical, or dental expenses incurred by my son during the Milan Wrestling Club season.

Parent/Legal Guardian Signature: _____

Please fill out and bring with you May 27

ALSO

Email your name, school, and grade (2010-2011) to rebrighton@aol.com

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