

2024 Priest River Little Guys Wrestling Fall Registration

First & Last Name: _____

Date of Birth _____ Age: _____ Gender M/F

T-shirt Size YXS YSM YMed YLrg YXL AS AM AL AXL

First Year Wrestling? Yes/No

Allergies? Yes/No

If yes, please explain _____

Parent #1 Information

First & Last Name _____

Phone number(s) _____

Email _____

Parent #2 Information

First & Last Name _____

Phone number(s) _____

Email _____

Mailing address for family

Emergency contact, other than parents listed above - name and phone number

Registration paid _____ Singlet _____