

DEXTER WRESTLING CLUB- REGISTRATION FORM

Name*	DOB*	Address*
Phone Number*	T-Shirt Size*	

Mother's Name*	Address (If Different)	Cell Phone	Birth Certificate?
	Email Address*		Code of Conduct ?
			Fee Paid
			Folkstyle Season
			Freestyle Season
			Both Seasons

Father's Name*	Address (If Different)	Cell Phone
	Email Address*	

I do not wish to have my child's name or photo appear on the
DWC Website.

* Required Field