

Application for Membership

Guardian Wrestling Club

Wrestler's Name _____ Weight _____

Age _____ Grade _____

School _____

Wrestler Cell Phone _____ - _____ - _____

Address _____ City _____ State _____

Skill Level (circle one)

- Advanced- (State/National Titles)
- Intermediate-(Knows basics)
- Beginner- (little or no experience)

List top accomplishment

-
-

Parent Information – *Please circle which parent will be primary contact*

Name _____ Cell _____ - _____ - _____ Email _____

Name _____ Cell _____ - _____ - _____ Email _____

Club Fee- \$150

Payment Options: Venmo @Guardian-Wrestling

Contact- Matt Infranca: email guardianwrestlingclub@gmail.com, phone 816-985-2293