



San Diego Wrestling

member  USA Wrestling

Today's Date:

Name:	
Address:	
City:	
State:	
Zip Code:	
Email:	
Phone #:	
Date of Birth (mm/dd/yyyy)	
Approx. Weight:	
Experience:	
Gender:	
What is your goal in participating in this club	
How did you find SDWC?	

All information received is treated as confidential.