

2009 VVS Wrestling Summer Camp

Wrestler's name _____ Grade _____

Street Address _____ Age _____

City _____ Zip Code _____ Birthdate _____

School _____

Home Phone _____ Cell Phone _____

E-mail _____

Parent/Guardian Name _____

Emergency contact & # _____

Elementary (K-12) will be accompanied by...

_____ Relationship _____

Attending camp

Monday (@\$10) _____

Tuesday (@\$10) _____

Wednesday (@\$10) _____

Thursday (@\$10) _____

Friday (@\$25) _____

Or all Five paid before June 30th (@\$50) _____

Total _____

Checks payable to VVS All-Sports Boosters