

Zimmerman Wrestling Club

Youth Registration Form (2009-2010)

Name: _____ Grade: _____ Weight: _____ Experience: _____ yrs

Date of Birth: ___/___/_____

Address: _____ City: _____ Zip: _____

Mother Name: _____ Home #: _____ Cell #: _____

Email: _____

Father Name: _____ Home #: _____ Cell #: _____

Email: _____

T-Shirt Size (circle one): XS S M L XL Singlet: Yes [] Size: _____ No []

Informational: How did you learn of the Zimmerman Wrestling Club?

- Returning wrestler
- Word of mouth (e.g., neighbor)
- Google search on Zimmerman Wrestling
- Yard Sign(s) in the Zimmerman area
- ZWC website
- Flyer(s), handouts, cards, etc
- Zimmerman Community Ed brochure
- Star News
- Other: (please specify) _____

**With \$100.00 (check or cash), bring this form to Registration Night or Mail by Nov 26 to:
Zimmerman Wrestling Club
P.O. Box 121
Zimmerman, MN 55398**