

Colonels Wrestling Club – Grades 3-8 Registration Form

Wrestler Information

Name: _____

Date of Birth: _____

Approximate Weight: _____

Mailing Address: _____

Parish: _____

School: _____

Grade 2021/2022 ___ 3rd ___ 4th ___ 5th ___ 6th ___ 7th ___ 8th

Parent Information

Parent's Name: _____

Email Address: _____

Cell: _____

Parent's Name: _____

Email Address: _____

Cell: _____

Emergency 1st Call _____

Payment Information - Fee (\$125 for all grades)

Cash _____ Check # _____ Venmo: @James-Hummeldorf-II

Mail completed Registration Form with check made payable to: **“Colonels Wrestling Club”**

Colonels Wrestling Club
23 Burdsall Ave
Fort Mitchell, KY1017

*If you have any questions, please contact CWC Club Director Jim Hummeldorf at
<mailto:james.hummeldorf@gmail.com>*