

Haverford Township Wrestling Association

Please complete this form and return to Colleen Tavani. Thank you.

Wrestler's Name

Parents' Names

Home Phone #

Dad Cell

Mom Cell

Address

School

City

Zip

Email Address # 1

Email Address # 2

T-shirt size for wrestler _____ (youth S, M, L or adult S, M, L)

Note below any information you would like to share with the coaches about your wrestler:

Haverford Township Wrestling Association

Please complete this form and return to Colleen Tavani. Thank you.

**This information will only be used for the Wrestling Club and
will not be shared with anyone else.**