



Williamstown Mighty Braves Youth Wrestling

2022/2023 Registration

Wrestlers Name (First & Last): _____

Date of Birth: _____ School: _____

Approximate Weight: _____

Street Address: _____

City, State, Zip: _____

Parent/Guardian: _____ Phone: _____

Parent/Guardian: _____ Phone: _____

Email address (our most used form of communication, please include all email addresses you would like announcements sent to)

Division	Year Born	Check Box
Tot	2016 and After	
Bantam	2014-2015	
Midget	2012-2013	
Junior	2010-2011	
Intermediate	2008-2009	

(Parent/Guardian Signature)

(Date)

Team Use Only	Paid \$150	Check _____	Cash _____
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