

NCUSA WRESTLING-CADET NATIONAL DUAL TEAM

JUNE 15-19, 2010

ROCHESTER, MINNESOTA

PARTICIPANT INFORMATION SHEET

NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

PARENT/GUARDIAN: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE NUMBER: _____

ADDITIONAL EMERGENCY PHONE NUMBERS: _____

WRESTLER INFORMATION

USA CARD NUMBER: _____

DATE OF BIRTH: _____

WEIGHT CLASS QUALIFIED: _____

QUALIFYING EVENTS: JR High State Championships _____

Tar Heel State Classic _____

State Freestyle/Greco Championships _____

Petition ON (addition \$50 cost) _____

Mail Completed Information Form with \$50 Deposit (refundable) BY APRIL 30TH:

Cashier Checks and Money Orders ONLY. NO PERSONAL CHECKS ACCEPTED.

MAIL TO:

Danny Hoy, National Team Leader

3119 Hickory Hill Road

Hendersonville, North Carolina 28792

704-576-0582

Dhoy215@yahoo.com