

2010 Membership Card

Fees for 2009-2010 Season: Wrestler \$50.00



Membership type: (check one) Coach _____ Wrestler _____

Name: _____ Date of Birth _____

Address: _____ Phone # _____

City: _____ State: _____ Zip: _____

Email Address: _____
(email address is very important, please print clearly)

Club Name: New Ulm Rolling Thunder Wrestling Club

Payment Check or Money Order:

Check Number _____ Date _____ Amount: _____

Parent Signature:

(Signature)

(Date)

(Print Name)

Mail entry form and check or money order to:

Rolling Thunder Wrestling Club

PO Box 341

New Ulm, MN 56073-0341