

Registration Form

Name _____

Address _____

City _____

State _____

Zip _____

Email Address _____

Phone _____

Age _____

Weight _____

Please Select Camp you wish to attend:

High School:

June 7 - 11 150 lbs. - HWT. ____

June 14 - 18 103 lbs. - 150 lbs. ____

August 2 - 6 All Weights ____

Grades 7 - 8:

June 28 - July 2 70 lbs. - 120 lbs. ____

July 5 - 9 120 lbs. - HWT. ____

Grades 4 - 6

July 12 - 16 All Weights ____

July 19 - 23 All Weights ____

Mail form along with deposit to:

Ohio Elite Wrestling Camps

PO Box 46925

Bedford OH 44146

Office Use Only:

Deposit _____ Balance _____ Waiver _____