

INDEPENDENCE HIGH SCHOOL
SUMMER WRESTLING CAMP
JUNE 15-18 8:00AM-4:00PM



Registration Form:

Wrestler's Name: _____

School: _____

Address: _____

Phone: _____

Parents/Guardians: _____

Email: _____

Weight: _____

Age: _____

Wrestling Experience (years): _____

Full Day Camp (8am-4pm) \$100 _____ or Half Day Camp (8:00 am-11:30) \$50 _____

Cash or Check: _____ Check #: _____

T-Shirt Size (Adult or Kids): _____

Upon receiving your registration, your parents/guardian will have to fill out a waiver at the beginning of camp.

Please mail registration form and check for \$100 made out to IHS Wrestling to:
Coach Grindstaff
1776 Declaration Way
Thompsons Station, TN 37179