

**2015 Harley Race Wrestling Camp  
Registration Form**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Male      Female      (please circle)

Health/Medical Issues that WLW/HRWA (Harley Race Wrestling Academy needs to be aware of?

\_\_\_\_\_  
\_\_\_\_\_

.....

Non-Experienced (Beginners)

Have you had any previous training? \_\_\_\_\_

If yes, then by whom? \_\_\_\_\_

If yes, then how long have you trained for? \_\_\_\_\_

Do you have a passport? Yes or No (please circle)

Would you want more information on training at the Harley Race Wrestling Academy? Yes or No (please circle)

Describe athletic background: \_\_\_\_\_  
.....

Experienced Wrestlers

Wrestling Name: \_\_\_\_\_

Do you have a Missouri Wrestling License? Yes or No (circle)

If yes, then please give license number: \_\_\_\_\_

Do you have a passport: Yes or No (please circle)

Experienced continued

How long have you been wrestling? \_\_\_\_\_

Who has trained you? \_\_\_\_\_

Do you want information on joining our Academy? Yes or No  
(please circle)

Please fill out this form, and mail it to the following address with minimum of \$250 deposit via money order or online payment on PayPal. Money orders are to be made out to World League Wrestling. If you have any questions, please email [camp@harleyrace.com](mailto:camp@harleyrace.com).

2015 WLW Camp  
198 Cherry Blossom Way  
Troy, MO 63379