

2017 Harley Race Wrestling Camp
Wrestler Information/Camp Application

Name: _____

Birthdate: _____

Address: _____

Email Address: _____

(Please provide valid email address. This is our main form of communication to you. Information will be sent to your email pertaining to this year's training camp.)

Phone Number: _____

Age: _____ Gender: Male Female (please circle)

Health/Medical concerns that World League Wrestling and Harley Race Wrestling Academy staff should be aware of? Yes No

If yes, describe: _____

Non-Experienced (Beginners)

Have you had any type of experience in the past? Yes No

If yes, by whom? _____

How long were you training at that academy? _____

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

Would you be interested in attending the Harley Race Wrestling Academy? Yes No

Any prior athletic background? Yes No

Describe: _____

Experienced Wrestlers

Wrestling Name: _____

Do you have a valid Missouri Wrestling License? Yes No

If yes, please provide valid license number: _____

Do you have a passport? Yes No

How long have you been involved in professional wrestling? _____

Who trained you? _____

Would you be interested in training at the Harley Race Wrestling Academy? Yes No

Please fill out this form and mail it to the following address (with the deposit of \$250 minimum via money order or online payment that is available to send to your email. Money orders are to be made out to World League Wrestling. If you have any questions, email camp@harleyrace.com)

2017 Harley Race Wrestling Camp
198 Cherry Blossom Way
Troy, MO 63379