

THE STANDRIDGE ACADEMY OF WRESTLING

67 Bassett Hwy
Dover, NJ 07801
973-361-1952

Membership Application Form

CONTACT INFORMATION

Applicant Name:

Address:

City:

State:

Zip:

Birth Date:

Home Phone:

Email:

Guardian Name:

Address :

City:

State:

Zip:

Relationship:

Emergency Phone:

WRESTLING INFORMATION

Years Experience:

Grade:

School:

School District:

Off Season Weight:

In Season Weight:

WHERE DID YOU HEAR ABOUT THE STANDRIDGE ACADEMY OF WRESTLING

Friend:

Who?

Coach:

Who?

Another Wrestler:

Who?

Newspaper:

Please Specify:

Flyer:

Please Specify:

Internet:

Please Specify:

Other:

Please Explain:

ACCADEMY USE ONLY

MEMBERSHIP STATUS

New

Renewed

JWAY #

PAYMENT METHOD

Cash

Check

Check#

MEMBERSHIP TERM

Full Year

Half Year

Qtr year

Summer

Month

Camp