WADSWORTH YOUTH WRESTLING LEAGUE



1st, 2nd, 3rd, 4th, 5th, and 6th Grade Boys



Sign-ups

WHO: Call Todd Baughman 330-334-7132

or e-mail: tbaughman3@neo.rr.com or call

John Gramuglia 330-336-7091 or email: g-man@wadsworth.k12.oh.us

WHEN: Thurs. October 11, 18, 25 Nov. 1, 8 Tues. Nov.13

WHERE: Wadsworth High School Wrestling Room COST: \$60.00 per wrestler ((\$45.00 for a brother)

and 4 Hours of volunteer help at two Spring FreestyleTournaments

MAKE CHECKS PAYABLE to: Wadsworth Youth Wrestling Club

TIME: 6:30 P.M. to 8:00 P.M.

Practices

WHEN: Begins Tuesday, November 13 (You may also Register)

WHEN: Tues./Thurs./Sat.

WHERE: Wadsworth High School Wrestling Room

TIME: 6:30 P.M. to 8:00 P.M./Noon-1:30PM (Sat.)

Call Todd Baughman for more info: 330.334.7132







Check web site for more info:

wadsworthwrestling.com

Have fun this winter and WRESTLE!



WHEN: First Match December 2
TIME: Every Sunday for 8 weeks (times will vary)

Not a Wadsworth City School Function

Call John Gramuglia for more info at 330.336.7091

	I would like to enroll in the YOUTH WRESTLING BOYS PROGRAM.				
	Name		Age_	Grade	School
	Address		City/Zip		
	Phone		E-mail		
	CHILD'S SIZE FOR LONG SLEEVE T-SHIRT: YS, YM, YL, AS, AM & AL. Parent/Guardian signature				
that all requirestablished for out of his part	ements, directions, su or the athlete's benefit	apervision, and standards t. I hereby voluntarily ass ram, and therefore release	set by the coaches a sume all risk of acc	and directors of thi ident or injury to	e, I acknowledge and agree s program shall be my minor which may arise rsonnel associated with this
Sign up in October or November					
	for the				
	Wadsworth 2007-08				
	Y	outh Wres	tling Le	eague	

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