

Master the Takedown Registration Form

First Name: _____

Last Name: _____

Age: _____ Grade: _____

School: _____

Current Weight: _____

T-Shirt Size: _____

How many years of wrestling experience do you have? _____

Address: _____

Phone Number: _____

Email Address: _____

Return completed forms to: Chrissy Caniglia-Council Bluffs CVB, 149 West Broadway,
Council Bluffs, IA 51503 or email the above information to grappler115@yahoo.com