CLUB NAME: _____

CONTACT NAME & NUMBER _____

NAME	PD	YEAR	CARD #	ACTUAL WEIGHT	WEIGHT CLASS	DIVISION	FS	GR

OFFICIAL / COACH: _____ LICENSE # _____

***** PLEASE FAX TO 303-622-6921 BETWEEN 3:30 PM TO 5:30 PM**
***** PLEASE PROVIDE A PHONE NUMBER. ALL FAXES WILL RECEIVE A FOLLOW UP CALL TO CONFIRM RECEIPT**