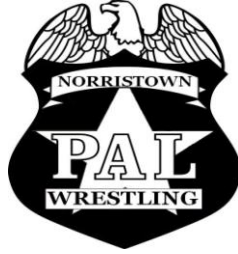


NORRISTOWN PAL WRESTLING 2012



PRACTICE BEGINS THURSDAY DECEMBER 1, 2011

6:15 - 7:05 PM FOR ROOKIES

7:00 - 8:30 PM FOR THE VETS

IF YOU NEVER WRESTLED-YOU ARE A - ROOKIE

IF YOU WRESTLED BEFORE-YOU ARE A - VET

PRACTICES ARE TUESDAYS AND THURSDAYS

@ EISENHOWER MIDDLE SCHOOL WRESTLING ROOM

COST IS \$25.00 AND INCLUDES FULL MEMBERSHIP AT NORRISTOWN PAL

FOR INFO: COACH CHUCK SPRINGER CoachSpringer@gmail.com 484-919-0150

COACH MIKE GELMAN mgellman@hotmail.com 609-462-1781

REP. SHAWN CATLOW-SIDLER stcatlowsidler@comcast.net 484-686-3017

COACH JOE RODRIGUEZ jrodriguez@NASD.k12.pa.us

OUR FIRST MATCH IS SATURDAY JANUARY 07, 2012

WWW.NORRISTOWNPAL.COM NORRISTOWNPAL@YAHOO.COM

PLEASE RETURN WITH PAYMENT TO: THE PAL CENTER 340 HARDING BLVD. NORRISTOWN, PA

PHONE 610-278-8040 WEB: WWW.GREATERNORRISTOWNPAL.ORG

CUT HERE AND RETURN

NAME _____ BIRTHDATE _____

ADDRESS _____ AGE _____ GRADE _____

CITY _____ STATE _____ ZIP _____ EXPERIENCE _____

SCHOOL _____ PHONE _____

EMAIL _____ PAL MEMBER _____ WEIGHT _____

IN CONSIDERATION OF ACCEPTANCE OF MY CHILD, I/WE DECLARE THAT I/WE WILL NOT HOLD IN ANY WAY LIABLE, THE NORRISTOWN PAL PROGRAM OR ANY OF IT'S STAFF OR FACILITIES FOR ANY INJURIES, LOSSES, OR DAMAGES INCURRED WHILE MY CHILD IS A PARTICIPANT OF THE NORRISTOWN PAL. I SIGN UNDER MY OWN FREE WILL.

WRESTLER _____ DATE _____

GUARDIAN _____ DATE _____

PAL MEMBERSHIP FORM MUST BE FILLED OUT ALONG WITH THIS FORM