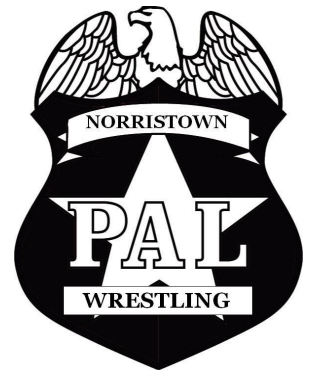


**NORRISTOWN  
PAL  
WRESTLING  
THE K-9 UNIT  
REGISTRATION FORM**



(PLEASE KEEP THIS PORTION FOR INFORMATION ABOUT OUR PROGRAM)

PRACTICES ARE HELD AT THE:

**EISENHOWER MIDDLE SCHOOL WRESTLING ROOM**

**PRACTICES ARE MONDAYS, TUESDAYS, WEDNESDAYS, AND THURSDAYS**

**YOU PICK 2 PRACTICES PER WEEK TO ATTEND.**

**YOU ARE WELCOME TO ATTEND ALL PRACTICES.**

**PRACTICE BEGINS MONDAY DECEMBER 03, 2007**

**BEGINNERS GO FROM 6:15 - 7:15 PM / EXPERIENCED GOES FROM 7:15 - 9:15 PM**

WEBSITE: [WWW.NORRISTOWNPAL.COM](http://WWW.NORRISTOWNPAL.COM)

EMAIL: [NORRISTOWNPAL@YAHOO.COM](mailto:NORRISTOWNPAL@YAHOO.COM)

**COACH CHUCK SPRINGER** HM 610-272-6213 CELL 484-919-0150

**COACH ROB LUSANE** 610-487-4425 **COACH JIM GALLAGHER** 484-680-0016

**COACH MIKE DESANTO** 215-499-9906 **BRIDGET SPRINGER** 484-919-0151

**COST IS \$20 FOR WRESTLING & \$10 FOR PAL MEMBERSHIP = \$30**

(YOUR PAL MEMBERSHIP ENTITLES YOU TO PARTICIPATE IN ALL THE DIFFERENT PROGRAMS THAT NORRISTOWN PAL HAS TO OFFER. [WWW.NORRISTOWNPAL.ORG](http://WWW.NORRISTOWNPAL.ORG) )

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CUT HERE AND RETURN WITH PAYMENT

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ EXPERIENCE \_\_\_\_\_

SCHOOL \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ WEIGHT \_\_\_\_\_ PAID \_\_\_\_\_

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/VOLUNTEERS OR FACILITIES FOR ANY INJURIES, DAMAGES OR LOSSES INCURRED WHILE MY CHILD IS A MEMBER/PARTICIPANT OF THE NORRISTOWN PAL. I SIGN UNDER MY OWN FREE WILL.

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF WRESTLER/PAL MEMBER \_\_\_\_\_ DATE \_\_\_\_\_