

This Registration Form must be mailed in along with \$350 and Team Roster/Release Form by march 7th. 2009
Mail to: Newark Jr. Reds c/o Keith Ross 148 Landon Ave Newark NY 14513

Head Coach's Name _____

Phone _____

Coach's email _____ **shirt size** _____

Assistant Coaches shirt size _____

Name _____ **Phone** _____ **email** _____

Team Name _____ **Team**

Colors _____

Coach's

Signature _____ **Date** _____

Make checks payable to Newark Jr Reds Wrestling

If you have any questions please feel free to call or Email!!

Kross5@rochester.rr.com or call 315-690-9146 or 315-573-1702

For Directions Go To

www.newark.k12.ny.us

then click on High School

All teams should bring somebody for a scorekeeper. I will provide the scorebook.