



2010 NHSCA NATIONAL CHAMPIONSHIPS

I, _____, would like to attend the NHSCA National Championships.

Name: _____

Age: _____ Grade: _____ School: _____

Weight Class: _____

Seeding Information (District, Regional, State or National Results. Season record, Career Record): _____

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Make sure to print out and return the medical waiver and liability release form with this document. You will not be allowed to participate or travel without those forms. No refunds will be issued after March 17th.

Make checks payable to: Apex Wrestling School LLC.