



# Individual Application — 2008 Wrestling School

(Do not submit if attending with a coach)



To be completed by an individual not attending with a team. DO NOT submit as team registration.

All sessions are subject to a limited enrollment.

July 5-9 (08WRE1)

July 10-14 (08WRE2)

July 15-18 (08WRE3)

July 10-18 (08WRE4)

Resident - \$390

Resident - \$390

Resident - \$330

Resident - \$735

Day - \$280

Day - \$280

Day - \$240

Day - \$535

The following must be completed for an **individual** to attend the camp. This individual registration must be paid in full when registering. Please make checks payable to Conferences & Institutes. Return this and all correspondence to: Appalachian State Wrestling School, Office of Conferences & Institutes, ASU Box 32042, Boone, NC 28608-2042. For further information call Coach Paul Mance, (828) 262-3082, or Camp Office (828) 262-2933. \$25.00 fee charged on returned checks.

Name \_\_\_\_\_ Email address: \_\_\_\_\_

Address (Street or Post Office) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Phone Number Day ( ) \_\_\_\_\_ Night ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Adult T-shirt size (circle one) S M L XL      Sex:  Male  Female      Grade Fall 2007 \_\_\_\_\_

School attending fall 2008 \_\_\_\_\_ Coach \_\_\_\_\_

Once your application has been received and processed, a complete packet of information will be mailed. You should receive this within two to three weeks. The confirmation packet will include a release for treatment/medical indemnity form, code of conduct form, receipt, invoice and other information related to your program. These forms must be signed by a parent or guardian and brought to registration before you will be allowed to participate in the camp.

**PLEASE DO NOT MAIL THESE FORMS IN ADVANCE.**

**Credit Card:** Please complete the following information if paying by credit card. Faxed applications are permitted for credit card with **full payment** of fees only by faxing to 828/262-4992. Your credit card will be charged based on selection above. VISA/MasterCard (no other cards accepted). **Do not mail application if you have faxed an application.**



Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Card Holder's Name \_\_\_\_\_ Signature \_\_\_\_\_

Card Holder's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_