

2011 - 2012
Ubasu Wrestling Academy
Des Moines Application

Wrestler

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Birth Date _____

Parent

Mom/Guardian _____ **Dad/Guardian** _____

Home Phone# _____

Work Phone# _____

Cell Phone # _____

Email Address _____

Gable Red Flag Program (please put a check to appropriate payment)
Make Check out to: Ubasu Wrestling Academy

Payment Plan

- \$143.00 per month: 2 practices per week _____

- Family Discount: 50% off 2nd & 3rd wrestler _____

- Payment in full: 10% off _____