

# TAR HEEL WRESTLING CLUB

## REGISTRATION FORM

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Email address

UNC alumni? ☐ Yes ☐ No

**After completing, please mail this form and check or money order for \$50 to:**

PO BOX 2126  
CARMICHAEL ARENA – WRESTLING  
CHAPEL HILL NC, 27515