



WOLFPACK TAKEDOWN CLUB

Membership Application

Mission: To provide accountability, assistance and support to the wrestlers, parents, and all coaches of the Edmond Santa Fe Wrestling Programs, including the High School and Jr. High groups.

NAME: _____ **Relationship to Wrestler (if any):** _____

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WRESTLERS NAME: _____ **GRADE (2008-2009 school year):** _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

PHONE NUMBERS:

RELATIONSHIP:

HOME: _____ DAD MOM GUARDIAN OTHER _____

HOME: _____ DAD MOM GUARDIAN OTHER _____

CELL: _____ DAD MOM GUARDIAN OTHER _____

CELL: _____ DAD MOM GUARDIAN OTHER _____

WORK: _____ DAD MOM GUARDIAN OTHER _____

WORK: _____ DAD MOM GUARDIAN OTHER _____

EMAIL ADDRESSES:

RELATIONSHIP:

HOME: _____ DAD MOM GUARDIAN OTHER _____

WORK: _____ DAD MOM GUARDIAN OTHER _____

WORK: _____ DAD MOM GUARDIAN OTHER _____

ANNUAL MEMBERSHIPS (please check your choice):

___ WOLF MEMBERSHIP \$250 Name _____

___ SILVER MEMBERSHIP \$100

___ GREEN MEMBERSHIP \$50

___ SANTA FE ALUMNI \$10 Year Graduated _____

Would you like your name listed in home dual programs: ___ Yes ___ No

Make check payable and mail Membership application to:

Wolfpack Takedown Club
PO Box 6543
Edmond, OK 73083

Thank You for Supporting Wolves Wrestling