



# MOTT COMMUNITY COLLEGE "WRESTLING BEARS"

## Application for Membership

NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

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\_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_

COACH: \_\_\_\_\_

WRESTLING BACKGROUND:

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SPECIAL AWARDS/ RECOGNITION:

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COLLEGE WRESTLING GOALS:

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CAREER/ COLLEGE GOALS:

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CHECK LIST:

membership application \_\_\_\_\_

physical form \_\_\_\_\_

Insurance information \_\_\_\_\_

Athletic Code \_\_\_\_\_

Membership Fee (\$10) \_\_\_\_\_

\*\*\*\*\*Bring the required forms and fee check to your first practice\*\*\*\*\*