2009 NHSCA National High School Senior Wrestling Championships

Send copy of form with air deposit to:

USAW-KANSAS 8931 Millstone Circle Lenexa, KS 66220

Name		Home	Phone									
Address			City		Zip							
Please show Cell phone # below & indicate owner to the	ne right.											
Either the parent or wrestler's cell phone is sufficient Cell Phone		Due 3/5/09			Balance Due							
		Airfair	Bus	Hotel	Entry Fee	Coach Cd	Tick	rets	Shirts	Bkfst	Program	TOTAL
		\$270	\$30	\$180	\$45	\$100	\$70 Adult	\$35 Stud	\$12 ea *	\$10 ea	\$5 ea	
Yes I wish to compete at High School Nationals	>	\$270	\$30	\$180	45	NA	NA	NA				
Yes, my coach wishes to attend and needs:												
Name	>	\$270	\$30	\$180	NA	100	NA	NA				
Address												
5 1												
Cell Phone												
Yes, my parent(s) (or others) wish to attend and	need											
(If address is different from wrestler, please prov												
Name		\$270	\$30	\$180	NA							
Name	>	\$270	\$30	\$180	NA							
Name	>	\$270	\$30	\$180	NA							
Name		\$270	\$30	\$180	NA							
										7	Ι Fotal Due	
	Saturday Breakfast	- Kansas tea	am (\$10/p	person)						•	
Saturday breakfast will be crow												
cereals, eggs, sausage, bacon				amount	in the bkf							
If you wish to order an official NHSCA event T-shirt , include \$12 for each one and indicate the number desired of each size.					Size		Medium					
one and indicate the number de	esired of each size.				cost/each	\$12	\$12	\$12	\$12	\$12	//////	
Please post TOTAL of All shirts desired to Wrestlers Shirt Amount *					Quantity Amount							*
I understand my non-refundable airfare & bu				l paym	ent is due :	3/20/09!						
Signature					Date							
Oignate	u. U			_	Dato							