



Wrestler(s) Name(s): \_\_\_\_\_

Middle or High School(s): \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Fee Enclosed: \_\_\_\_\_

Please indicate the number of by writing the appropriate number of athletes in each box that applies.

- |                          |                                                                      |
|--------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> | Early Bird Sessions before October 19 <sup>th</sup> \$60 per athlete |
| <input type="checkbox"/> | All Sessions after October 19 <sup>th</sup> \$100 per athlete        |
| <input type="checkbox"/> | Team Deal \$400 for entire team                                      |

Please send this form and money to:

Reed Wrestling  
Reed High School  
1350 Baring Blvd.  
Sparks, NV 89435

Make checks payable to Reed Wrestling. Visit [reedwrestling.com/axecamp](http://reedwrestling.com/axecamp) or Contact Coach Klapp with questions [mklapp@washoeschools.net](mailto:mklapp@washoeschools.net) 775-240-2862