

**2006 Hawkeye Wrestling Club's Coaches Clinic  
Registration Form**

**Name:** \_\_\_\_\_

**H Phone:** ( ) \_\_\_\_\_ - \_\_\_\_\_

**C Phone:** ( ) \_\_\_\_\_ - \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Address: street** \_\_\_\_\_

**City** \_\_\_\_\_ **St** \_\_\_\_\_ **Zip** \_\_\_\_\_

**School Affiliation:** \_\_\_\_\_

**\*Please include payment in the form of either check or money order\***

(Make checks payable to the Hawkeye Wrestling Club)

(Cost for the Clinic is \$45)

**\*\*Please mail completed registration form and payment to:**

**Iowa Wrestling  
Attn: Coaches Clinic  
223 Carver-Hawkeye Arena  
Iowa City, IA 52242**