

2009 High School TEAM PALMETTO Application

****Applications should be returned by February 27, 2009 at 12NOON**

****Submission of this form indicates intent to compete at your selected weight for Team Palmetto****

NAME: _____

ADDRESS: _____

EMAIL: _____
****One that you regularly check or that we can get in touch with you if needed****

PHONE: _____

CELL: _____

BIRTH DATE: _____

WT CLASS: _____ (HS WT + 5lbs. ****The wt you plan to wrestle****)

High School: _____

School Address: _____

HS Coach: _____

HS Coach phone: _____

HS Phone: _____

RECORDS: 9th _____ 10th _____ 11th _____ 12th _____

Accomplishments:

9th _____

10th _____

11th _____

12th _____

****USE BACK OF FORM IF NECESSARY WHEN SUBMITTING VIA POSTAL MAIL.**

Add additional information to the body of your email if submitting via email.

****The wt classes you submit on this form is the wt class you are committing to make for HS TP****

****Please mail or email this form to:**

Coch Tommy Bell, Hillcrest HS 3665 S. Industrial Drive, Simpsonville SC 29681

email: Tbell@greenville.k12.sc.us or fax 864-355-3382