

VHS Wrestling Alumni Information Sheet

Name: _____

Year Graduated: _____

Address: _____

Phone Number: _____

Email: _____

CIRCLE ALL THAT APPLY:

DISTRICT CHAMP / REGIONAL CHAMP / STATE CHAMP

STATE QUALIFIER / STATE PLACER: 1X 2X 3X 4X

Email above info (or print, complete and send as attachment a clear image of completed form) to: Coach Jeremie Cook: **Pro_fit88@yahoo.com** or **Support@VeniceTakedownClub.org**

