

2017 Team Montana – Wrestler Info Form

Name: _____

Address: _____

City/State/Zip: _____

Email Address: _____

Phone Number: _____

Birth Date: _____

Weight: _____

Freestyle Experience (Years): _____

Greco Experience (Years): _____

School: _____

Dad's Name: _____

Dad's Number: _____

Dad's Email: _____

Mom's Name: _____

Mom's Number: _____

Mom's Email: _____

If you have not already done so, please mail this Form and your \$900 deposit to secure spot on team made payable to:

Montana Cultural Exchange

c/o Dan Elser

1844 Broadwater Avenue, Suite 5

Billings, MT 59102

Questions: Email: dan.elser@voyafa.com
Cell: 406-861-5033 (cell)
Office: 406-651-5253 (office)
Fax: 406-651-5254 (fax)

