



Upper Township Wrestling Association
 Mailing Address: PO Box 734 – Marmora, NJ 08223
 Hornets’ Nest: UT Community Center Wrestling Room
 1790 Rt 50 Tuckahoe, NJ 08250
 uppertwphornets@gmail.com www.upperwrestling.com



The Upper Township Wrestling Association is
 inviting, ALL BOYS AND GIRLS K – 8th grades to join the

2021 Upper Township Green Hornets Wrestling Team

****FREE No Obligation “TRY IT OUT” practices Oct. 18th(Mon.), 20th(Wed)
 & 22nd(Fri) - 5:30 PM - 7:00 PM (\$10 Discount if Registered by 10/25
 (SUN). Use Discount Code: HORNETS2021 at CheckOut ****

Novice Group (FUNdamentals) (K-4th graders) practice at the Hornets’ Nest Mondays and Wednesdays from 5:30pm – 7:15pm. Novice season starts on Wed, Nov 3rd. The Head Coach will make adjustments as needed.

Advanced Group (5th-8th graders) practice at the Hornets’ Nest Tuesdays and Thursdays from 5:30pm – 7:30pm. Advanced season starts on Thurs, Nov 4th. The Head Coach will make adjustments as needed.

Mandatory Parents Meeting:

- Novice Group Parents: Monday, November 15th at 5:30pm at the Hornets’ Nest
- Advanced Group Parents: Tuesday, November 16th at 5:30pm at the Hornets’ Nest

Registration: \$80.00 for 1st child, **Sibling Discount-** 2nd child \$70, 3rd child \$50, 4th child Free.

There will be a refundable \$150 Singlet Bond per wrestler and a refundable \$75 Work Bond per family.

Please bring a copy of your wrestler’s birth certificate to registration. Cash, Check or Credit Cards accepted.

****WE WILL BE ACCEPTING A LIMITED NUMBER OF OUT OF TOWN WRESTLERS****Contact Coach Frank Sannino.

In-Person Registrations for the 2021-22 season:

During all Upper Township Football home games at Caldwell Park in Sept and Oct.

ONLINE REGISTRATION IS NOW OPEN!! GO TO WWW.UPPERWRESTLING.COM

Gear needed for wrestling practices: wrestling shoes, headgear, athletic shorts, t-shirt (no buttons/zippers)

If you have any questions, email uppertwphornets@gmail.com, or call Head Coach Frank Sannino at 609-231-8528 anytime.

****RESPECT * DISCIPLINE * ACCOUNTABILITY * PERSEVERANCE * COURAGE * LEADERSHIP* = UPPER TOWNSHIP WRESTLING***

Wrestler’s Name: _____ **Birthday:** _____ **Age:** _____ **Approx Weight:** _____

Address: _____ **City:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Years of Wrestling Experience: _____ **M/F:** _____ **T-Shirt size:** _____ **Grade:** _____

I am the parent or guardian of the above wrestler. I hereby give my permission for him/her to participate and compete in the Upper Township Wrestling Association program. I release the Upper Township Wrestling Association, its officers, coaches and volunteers from all liability incurred as a result of their involvement in the program.

Parent’s Name(s) Print: _____

Parent’s Signature(s): _____ **Date:** _____