



SOUTH CENTRAL PENNSYLVANIA YOUTH WRESTLING ORGANIZATION

MEMBER REGISTRATION FORM

PROGRAM NAME: _____

SCHOOL: _____

WEB ADDRESS: _____

Program Coordinator: _____

Email Address: _____

Mailing Address: _____

Phone Number: _____

Head Coach: _____

Email Address: _____

Mailing Address: _____

Phone Number: _____

Assistant Coach: _____

Email Address: _____

Mailing Address: _____

Phone Number: _____

Assistant Coach: _____

Email Address: _____

Mailing Address: _____

Phone Number: _____

Please fill in information and return along with dues to:

**Lisa Harsh
SCP YWO Treasurer
1623 Manor Blvd
Lancaster, PA 17603**