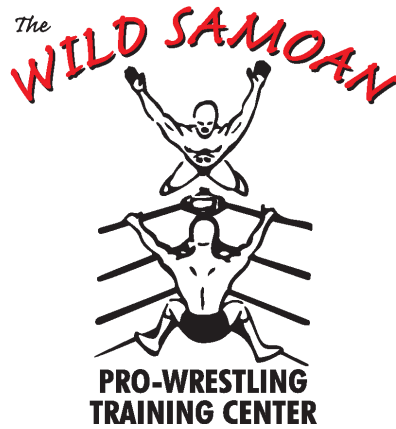


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PRE ENROLLMENT FORM Page # 1 of 3

Date: _____

#1

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

EMAIL Address: _____

Home Phone () _____

Work Phone () _____

#2

Social Security # _____

Are you a US Citizen: Yes _____ No _____

If the answer is no, how long are you here for? _____

Place of birth: _____

Height _____ Weight _____

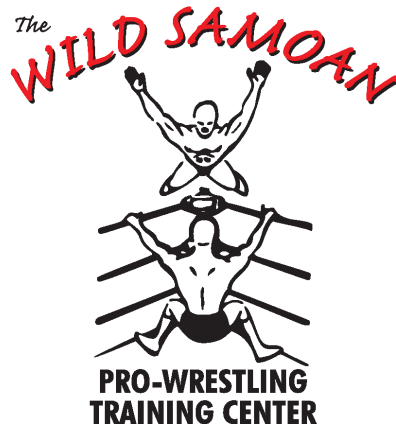
#3

I understand that I am required to take a physical examination as a condition of enrollment in The Wild Samoan Pro Wrestling Training Center, Inc. I must furnish The Wild Samoan Pro Wrestling Training Center, Inc. with a signed release from an attending physician before I can start my training.

Do you have any physical limitations that would prevent you from performing the necessary training required in the course? Yes _____ No _____

If the answer is yes, please describe:

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PRE ENROLLMENT FORM Page # 2 of 3

#4

Education: Name & location of High School _____

Are you still in school: Yes _____ No _____ Did you graduate Yes _____ No _____

What sports did you take: _____

Are you currently involved in any sports: Yes _____ No _____

#5

Are you currently employed: Yes _____ No _____

Name, Address & Phone # of employer: _____

Position: _____ How long: _____

#6

References: Give the name, address & phone number of three people not related to you, whom you have known for at least two years.

1) _____
Name Address Phone

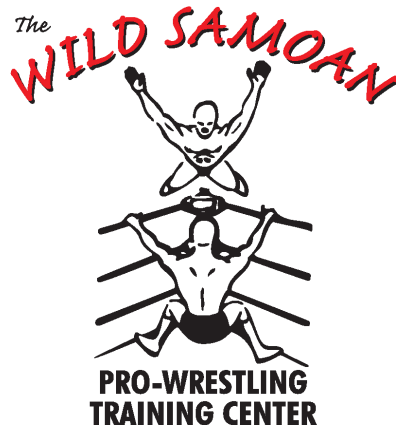
2) _____
Name Address Phone

2) _____
Name Address Phone

In case of EMERGENCY notify: Name: _____

Phone: _____ Address: _____

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PRE ENROLLMENT FORM Page # 3 of 3

Credit Card Information:

Name on Card: _____

Card Number: _____ **Security Code:** _____

Expiration Date: _____ **Billing Zip Code:** _____

I certify that the above facts contained in this pre enrollment form are true and complete to the best of my knowledge, and understand that if enrolled that falsified statements shall be grounds for dismissal. I authorize investigation of all statements contained herein and references listed above to give you any and all information concerning any pertinent information that they may have, personal or otherwise. I understand that all money paid to the Wild Samoan Pro-Wrestling Training Center is non-refundable.

Signature

Print Name

Date

Parent/legal Guardian if under age 18

Print Name