

# Hawkeye Area Wrestling Klub Membership Application

2024-2025

Individual - \$50 pp (10 & Under Free) - Newsletter "Only" - \$20

Fill out *completely/legibly* & Send To: H.A.W.K.

P.O. Box 145

North Liberty, Iowa 52317

Name(s) \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Amount Enclosed \$ \_\_\_\_\_