

Brian Kendrick's School of Pro Wrestling Application

NAME: _____
(first) (last)

DATE OF BIRTH: _____

CONTACT INFO: _____
(phone) (email)

EMERGENCY CONTACT: _____
(name) (phone)

HEIGHT: _____ WEIGHT: _____

WHY DO YOU WANT TO BE A PROFESSIONAL WRESTLER?

DO YOU HAVE ANY PREVIOUS WRESTLING TRAINING? IF SO, WHERE?

WHAT IS YOUR CURRENT EXERCISE REGIMEN?

WHEN WAS YOUR LAST PHYSICAL?

DO YOU HAVE HEALTH INSURANCE? Y N

WHAT IS YOUR GOAL IN PROFESSIONAL WRESTLING?

Brian Kendrick's School of Pro Wrestling Application