



Osage Nation Financial Assistance Department
627 Grandview Avenue
Pawhuska, Ok 74056

2018 TSI-WA-ZHU-PI WRESTLING CAMP

PARTICIPANT INFORMATION

Name: _____
(Last) (First) (Middle)

Mailing Address: _____

(City) (State) (Zip)

Age of Participant: _____ Birthdate: _____ Grade: _____

School Name: _____ T-Shirt Size: YS YM YL S M L XL

Any known food allergies: _____

Tsi Wa.Zhu.Pi participant _____ Osage Youth _____ Both _____

How many years wrestled?

- ☐ Beginner (first time or has had 1 year experience)
☐ Intermediate (wrestled 2-4 years)
☐ Advanced (wrestled more than 4 years)

PARENT INFORMATION

Parent/Guardian Name: _____

E-Mail: _____ Phone: _____

Mailing Address: _____
(City) (State) (Zip)

CONTACT IN CASE OF EMERGENCY

Name: _____

Phone: _____ Relationship: _____