

Pittsford Junior Panther Youth Wrestling Staff

Jim Blaakman and Tony Cotroneo
Assisted by...

Head Varsity Coach- Jason Bovenzi
Asst. Varsity Coach- Matt Leach
JV Head Coach - Keith Pittinaro

As well as our exemplary Varsity and
JV Wrestling Student/Athletes

Payment & Contact Information

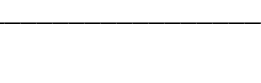
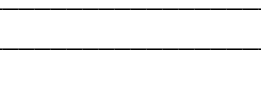
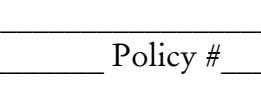
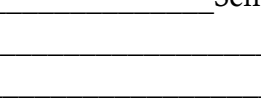
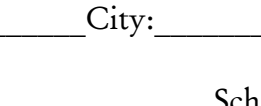
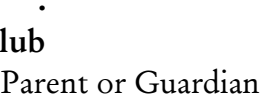
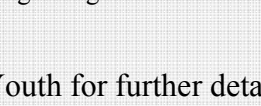
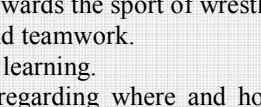
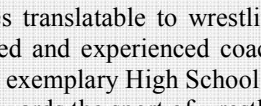
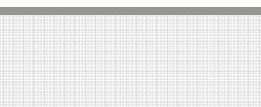
Make checks payable to:
Pittsford Wrestling Club

Send payments to:

Junior Panther Youth Wrestling
20 Hopper Hills Way
Mendon NY 14506

Jason_bovenzi@pittsford.monroe.edu

***Register by mail or
the first night of Practice.***



Junior Panther Youth Wrestling Grades 2-6

December 8-2009 to January 26th -2010

Camp Information

***Register by mail (see payment
and contact information) or
the first night of Practice.***

Location: Pittsford Barker Rd
Middle School

Eligibility: All students
entering Grades 2-6 for the
2009/2010 school year. No
experience necessary.

Groupings: Athletes will be
grouped by age, size, and
ability level.

When: Tuesdays & Thursdays,
December 8th-January 26th

Practice Dates: 12/8, 12/10,
12/15, 12/17, 12/22, 1/5,
1/7, 1/12, 1/14, 1/19, 1/21,
1/26

Time: 6:30-8 pm.

Cost: \$45 Includes a T-shirt

What to Bring: Sneakers,
t-shirt, and shorts. Water
bottle w/ name on it.

Club Goals

- Introduce and develop the proven basic techniques translatable to wrestling at the highest levels. Coaching presented by accomplished and experienced coaches who will be assisted by Pittsford coaching staff and their exemplary High School athletes
- Encourage self-confidence and a positive attitude towards the sport of wrestling.
- Stress the importance of sportsmanship, integrity and teamwork.
- Promote fun in a physical setting while focusing on learning.
- Coaches will provide information at registration regarding where and how to get headgear and wrestling shoes.

Go to pittsfordwrestling.com and click on Youth for further details.

REGISTRATION Form

Please complete this application and return it _____.

Make checks payable to: Pittsford Wrestling Club

Athlete Name: _____ Parent or Guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____

Birth date/Age: _____ Grade: _____ School: _____

Person to notify in case of emergency: _____ Phone # _____

Family Doctor: _____ Phone # _____

Allergies/Medications: _____

Insurance Provider: _____ Policy # _____

Email Address: _____

Email Address: _____

Parent/Guardian's signature _____ Date _____