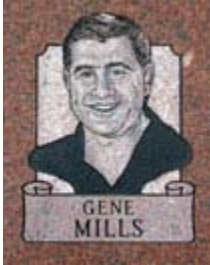


CNYPIN2WIN WRESTLING CLUB

FREESTYLE, GRECO-ROMAN, AND FOLK STYLE

Head Coach



The Legendary Mean Gene Mills

- New Jersey State Champ and HS National Champ
- Syracuse University's 1st 4 time All American
- 2 time NCAA Champion
- Voted outstanding wrestler NCAA's
- Division I NCAA career pin record of 107 pins
- 3 time World Cup Champion
- 1980 World Super Champion in Japan and voted the Outstanding Wrestler
- 1980 Tbilisi (USSR) Champion and voted the Outstanding Wrestler
- Cerra Pellado Champion in Cuba and voted the Outstanding Wrestler
- Roger Goulon Champion in France and voted the Outstanding Wrestler
- Rokoczi Cup Champ in Hungary and voted the Outstanding Wrestler
- 1980 US Olympian and voted the "Athlete of the Year" by the USOC
- Career record of 1356-46-1
- Distinguished Member of the National Wrestling Hall of Fame in Stillwater, OK

** Plus Assistant Coaches Tim Boda, NYS Champion Paul Lyman, and Masters World Champion Louie Lazzari **

Place: Phoenix High School Wrestling Room

Date: Monday, February 28th – Wednesday, May 24th, 2011

Time: Monday & Wednesday Evenings from 07:00 to 08:30

Restrictions: Limited to the first 100 wrestlers paid

Questions: Call contact Gene Mills @ pin2win@genemills.com

Cost: \$175.00 for Club Registration

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **School:** _____

Email: _____

Parent/Guardian: _____

Emergency Phone: _____ **Date of Birth:** ____/____/____

My child, _____ has my permission to participate in the 2010 CNYPIN2WIN wrestling club. I will not hold the Phoenix schools or CNY Pin2Win Inc. or its Instructors responsible for any injuries or for any damages incurred during my child's presence in this program. I understand there is no supervision provided for youths outside of the gym program and I am responsible for the timely arrival and departure of my child to and from the program. I am aware that the school does not allow wandering through the halls during the program and I am prepared to supervise youngsters who are not Club members while waiting quietly in the gymnasium. I understand that the program will only have supervision from 7:00 p.m. 8:30 p.m. and it is my responsibility to pick up my child at the end of practice.

Date: _____ **Parent/Guardian Signature:** _____

Pre-Registration Encouraged. Registration limited to first eighty wrestlers

Make Checks Payable to:
CNYPIN2WIN Wrestling Club, Inc.

Mail Registration To:
George Burkinshaw
585 West Main St
Elbridge, NY 13135
(315) 277-5164