

**“Trojan War Wrestling Tournament”  
Chambersburg, PA  
REGISTRATION FORM**

PLEASE RETURN THIS FORM EITHER ELECTRONICALLY TO:  
[gdavidpeck@gmail.com](mailto:gdavidpeck@gmail.com)

OR MAIL TO: Dave Peck Tournament Director  
166 Summer Breeze Court  
Chambersburg, Pa 17202

Please make entry fee checks payable to:  
**Chambersburg Wrestling Booster Club**

SCHOOL NAME: \_\_\_\_\_

**High School, Jr. High School, Both (Circle One)**

HEAD COACH: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

School Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

ATHLETIC DIRECTOR: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

School Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**The First 32 teams in each tournament will be accepted. You will  
be notified of whether you are accepted within 2 business days after  
receiving your application.**