PURLER Wrestling Academy

"Those Who Stay Will Be Champions"

4th annual Ground 'N' Pound LEG RIDING CLINICS!

Run by Co-owner/director of Purler Wrestling Academy Tony Purler

Purler Wrestling has a strong reputation within the wrestling world of being able to teach anything to any wrestler! This is why so many will travel across country (WA, NJ, WI, OK, MN, CO, MI) to attend this 2 day camp. They know they are getting the best teacher/technician out there. With all the locations listed below, we're sure you will find a location to suit you. This clinic will consist of two full days of technical drill sessions. As with all of Nick and Tony's camps, the kids will not be bombarded with an insane number of techniques. And all skills covered will be taught in a series. Therefore the kids will retain what's been taught. Tony will have a big impact on your son/daughter in two short days. If you'd like to be involved in this educational clinic, then please fill out the application, and send with payment to: Tony Purler – 7710 SE Moore DR Holt MO 64048 - 816-304-0313 tony@purlerwrestling.com

SESSIONS: 9am-3:30pm (lunch from 12-1, bring own)

COST: $90 for 11 hours of technical instruction.

Payable to Purler Wrestling. Online payment option at tonypurler.com

(Absolutely no refunds; only clinic credit for future)

Space is limited. Please Pre-Register to secure a spot (NO WALKINS FOR THE 28-29TH CLINIC)

>>>>>>>>>>>>>>circle clinic you will attend and detach here>>>>>>>>>>>>>>>>>>>>>>>>>

Tony Purler (7710 SE Moore Dr. Holt, Mo. 64048)

816-304-0313, tony@purlerwrestling.com, www.tonypurler.com

July 21-22 {Tue-Wed} **Lenexa, KS (St. James Academy)**
July 25-26 {Sat-Sun} **Kansas City Area; Lees Summit, Mo (Lees Summit North HS)**
July 28-29 {Tues-Wed} **North Kansas City Tony's Home Training Center** 7710 Se Moore, Holt,Mo 64048
You must pre-register for this camp, NO WALKINS ON THE 28TH
August 7-8 or **8th-9th Wichita, KS Location T.B.A.** go to tonypurler.com for location and dates.
August 15-16 {Sat-Sun} **St. Louis Area/ St. Charles Mo (Francis Howell HS)**

Name_____Age_____ wt._____ dob_____

Address _____City/State/Zip_____

Emergency/Contact Phone number(s)_____ **Email** (very important!)_____

Medical Insurance Co & Policy # _____

Waiver: My son/daughter has been examined by a physician in the last year and is in good health. I hereby authorize the Clinic Staff to act for me, according to its best judgment in any medical emergency, and I hereby waive and release said camp from any liability for injuries or illness incurred by my son/daughter while attending camp. All information I have provided on this application is accurate.

PARENT SIGNATURE_____ **DATE** _____