

Hawkeye Area Wrestling Klub

MEMBERSHIP APPLICATION

Newsletter "Only"
\$15.00

Single
\$30.00

Couple
\$50.00

Family (3 or more)
No. in Family _____ x \$25.00 = _____

Send To: H.A.W.K.
P.O. Box 1825
Iowa City, Iowa 52244

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ Phone # _____

E-Mail Address: _____ Total Amount Enclosed: \$ _____

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Detach Here

H.A.W.K.

THIS IS THE CLUB BUTTON
FOR THE 2013-2014 SEASON

