

7th Annual Memorial Bakersfield Arm-Wrestling Championships

Tournament Application

**April 4, 2009
Norris Road, Veteran's Hall
Bakersfield, CA 93308**

Full Name: _____

Address: _____

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

Contact Phone: _____

Employer: _____ **Today's Weight:** _____

Arm-wrestler Bio Information

Age: _____ **Hometown/Residence:** _____

Occupation: _____

Arm Wrestling History: _____

Sports History: _____

Other Important Information: _____

Signature: _____ **Date:** _____

Mail to: Young and Nichols, 1901 Truxtun Avenue, Bakersfield, CA 93301

Fax to: (661) 861-7932