

Illinois Kids Wrestling Federation 2017-18 Charter Form Supplement

Please note: This form must be completed and returned at the time you file your application for club charter. Your club charter application will not be processed until this form has been received.

Club Name: _____

Primary Practice Site: (Required)

Each club is required to list their primary practice facility at the time they file their club charter application.

Site: _____

Address: _____

City: _____ State: _____

Head Coach: (Required)

Each club is required to list the designated Head Coach at the time they file their club charter application.

Name: _____ E-mail Address: _____

Main Phone:(_____) _____ Alt Phone:(_____) _____

Secondary Practice Site: (Optional)

Site: _____

Address: _____

City: _____ State: _____

Secondary Club Contact Information: (Optional)

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Main Phone:(_____) _____ Alt Phone:(_____) _____

Club Fax Number: (Optional)

Name: _____

Fax Number:(_____) _____