

# **Illinois Kids Wrestling Federation**

## **2007-08 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 Code:** \_\_\_\_\_

### **Primary Practice Site: (Mandatory)**

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: (Mandatory)**

Please list the head coach of your club, if different from the recognized club leader listed on the application for club charter.

Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Home Phone:(\_\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_\_) \_\_\_\_\_

### **Secondary Practice Site: (Optional)**

Site: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

### **Secondary Club Contact Information: (Optional)**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone:(\_\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_\_) \_\_\_\_\_

### **Club Fax Number: (Optional)**

Name: \_\_\_\_\_ Fax

Number:(\_\_\_\_\_) \_\_\_\_\_