

Illinois Kids Wrestling Federation 2020-21 Charter Form Supplement

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:(_____) _____