HUSKERLAND 2009 Club Dues Form

Paid by Feb 1, 2009 : $40 Paid by Mar 1, 2009: $60 Paid by Mar 15, 2009: $80

NOTE:
You must fill in the entire form to allow us to extend liability insurance coverage to your club during practices

CLUB_____ DIRECTOR_____
MAILING ADDRESS_____ CITY_____,NE ZIP_____
HOME PHONE (____)_____- _____

FACILITY NAME_____
FACILITY TYPE: check one)
☐ Sponsor ☐ Owner of Facility/School or Other ☐ Government Entity
FACILITY ADDRESS _____
CITY _____ NE , ZIP_____
CONTACT INFORMATION(if not club director):
NAME: _____
PHONE: _____

Helpful Information: FAX _____
CELL_____
E-MAIL _____

APPROXIMATE NUMBER OF WRESTLERS in YOUR CLUB_____

Make checks to: Huskerland Wrestling
Mail to : Bobbi Hall
1010 SW 21st St Ct
Linclon NE 68522

**** For HUSKERLAND Use Only****
Date of Postmark_____
Amount of Check $_____ Check Number_____